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### ORIGINAL ARTICLES.

#### LEGAL SUPERVISION OF PLUMBING AND DRAINAGE

BY H. M. PAINE, M.D., ALBANY, N. Y.

LEGAL SUPERVISION NECESSARY.

The danger to health and life growing out of imper-The danger to health and life growing out of imper-fect drainage, particularly in densely populated cities, has of late years become so plainly evident as to require a resort to legal protection and supervision. The actual, pressing necessity of a system of rigid supervision has been demonstrated by the repeated occurrence of rapidly fatal fifth diseases, resulting, beyond all question, from the presence of sewer gases. Septic diseases prevail in tenement houses of the middle and lower classes, and also, with alarming frequency and fatality, in new and also, with alarming frequency and fatality, in new and well-appointed buildings situated in otherwise healthful

well-appointed dulldings situated in otherwise measures localities.

The upper stories of dwellings have been hitherto considered more exempt from septic diseases; of late, however, it has come to be generally conceded that high houses rather afford a favorite nidus than otherwise, and that the danger increases proportionately with the altitude of the building, a fact which seems to be fairly attributable to defective drainage and ventilation.

The more prominent reasons which render legal assistance necessary are, the ignorance and cupidity of the owners of dwellings, and the ignorance and selfish interests of contractors, builders, and plumbers. How to set these aside in the interests and welfare of dwellers in cities has puzzled the wisest humanitarians. Efforts chiefly directed to the dissemination of knowledge on this subject have been chiefly relied upon; but this method, although well-directed, is too slow; while the people are being educated, thousands are dying daily through inadequate sanitary safeguards.

#### STANDARD UNIFORMITY OF CONSTRUCTION.

STANDARD UNIFORMITY OF CONSTRUCTION.

It is found that the evils in question grow out of conflicting opinions and theories, often diametrically opposite, regarding the expediency of applying or of entirely ignoring well known essential principles of construction. This anomalous condition having arisen on account of the absence of any standard of form, it is demonstrated that uniformity of action, completeness and efficiency of construction, can be secured only by the organization of a system to which all must conform, of sufficient simplicity, yet abundant in resources and adaptation to meet the requirements demanded by the public welfare,

ous scientific and sanitary associations. The following esolution was adopted two years ago by the Homoco-athic Medical Society of Northern New York and the Albany County Homosopathic Medical Society:

"Resolved, That in the opinion of this Society it is exceedingly important that the construction of plumbing work in all cities and villages should be done under the supervision of competent au-thority."

These well directed efforts have finally culminated in the enactment of the present law, which now applies to the cities of New York and Brooklyn only, but which, it is hoped, will be ere long so amended as to extend its wise provisions to every portion of the State.

The law provides for the registration of all parties engaged in the business of plumbing. A violation of its provisions is made a misdemeanor. It requires all plumbing and draining work to be constructed in according

provisions is made a misdemeanor. It requires all plumbing and draining work to be constructed in accord-ance with plans to be approved by the Boards of Health of these two cities respectively. By this means only can there be secured the requisite thoroughness, efficiency and uniformity of construction, hence the necessity and usefulness of the law.

#### A STRIKING ILLUSTRATION OF THE NECESSITY FOR OFFICIAL INTERPERENCE.

As illustrative of the unhealthful condition of dwell-As illustrative of the unhealthful condition of dwellings in localities where they are presumed to be free from sewage contamination, the fact became known, early the present month, to proper authorities, that within half an hour's ride of New York, a fashionable summer resort, occupied by more than three hundred persons, was a very undesirable place of residence. The fact became apparent on account of the sudden advent of a became apparent, on account of the sudden advent of a virulent form of diphtheria, which proved rapidly fatal in a number of ca

An inspection of the premises revealed an utter dis An inspection of the premises revealed an utter disregard of ordinary precautions, and a condition of
actual danger, as surprising to the proprietors themselves as it was to the experts who conducted the examination. All the sink, waste, and soil pipes emptied
into a single main drain, which discharged its contents
into the sea at a distance of over four hundred feet.
This outlet was provided with a suitable trap, and afforded the only protection of the kind on the premises.
All other pipes from the sinks, wash-bowls, and water
closets, were wholly unprotected by safe-guards of any
kind. The pipes leading from the privies to the receiving vault were untrapped. The water closets and urinals in the basement were untrapped; all the joints in
the waste pipes leading from them were loose, and were
discharging portions of their contents into the soil discharging portions of their contents into the soil underneath the building. The waste pipes from each of the refrigerators and ice-chests were untrapped, and had direct communication with the main drain. All The exigencies which have revealed the necessity of legal interference have long been recognized, and efforts at moulding public opinion, with a view of preparing the way for the enactment and enforcement of suitable legal provisions, have been repeatedly made by numerical manufaction with the main drain. All the soil pipes were closed at the top in the upper stories of the house. There were no provisions for ventilating the upper rooms, except from spaces immediately adaptive way for the enactment and enforcement of suitable made impure by gases arising from numerous unlegal provisions, have been repeatedly made by numerication with the main drain. All the soil pipes were closed at the top in the upper stories of the house. There were no provisions for ventilating light provisions, and the soil pipes were closed at the top in the upper stories of the house.

of sewage leakage into the soil underneath, and in close

of sewage leakage into the soil underneath, and in close proximity to the building and its out-houses. No wonder that ladies in the house said, "the air stank!" No wonder that rapidly fatal cases of diph-theria startled the inmates, who had just removed from the city to what they supposed, and had good reason to believe, was a healthful summer resort, but which

proved a veritable death trap.

By the authority of local health officers, directed and supported by the State Board of Health, very active measures were promptly instituted for thorough reno-

vation of the premises.

THE EFFICIENCY AND PUBLIC UTILITY OF THE STATE BOARD OF HEALTH.

This instance is only a repetition of similar experiences, frequently occurring in all portions of the State, in which the action of the local town officers is directed and sustained in the enforcement of necessary reforms, which otherwise, on account of sectional strife or igno-rant stolidity, could not be carried to a successful termination

The State Board of Health has an advantage over local boards, in being clothed with the requisite power to enter premises and remove nuisances, without regard to local interests, influence or factions-opposition, however powerful, which often effectually prevents any

action on the part of town authorities.

LAW REQUIRING THE REGISTRATION OF PLUMBERS, AND SUPERVISION OF PLUMBING AND DRAINAGE.

Session Laws, Chapter 459, passed June 4, 1881:

"AN ACT to secure the registration of plumbers, and the supervision of plumbing and drainage, in the cities of New York and Brooklyn.

"Section 1. On or before the first day of March, eighteen hundred and eighty-two, every master or journeyman plumber, carrying on his trade in the cities of New York and Brooklyn, shall, under such rules and regulations as the respective boards of health of the health departments of said cities shall respectively prescribe, register his name and address at the health department of the said city; and after the said date it shall not be lawful for any person to carry on the trade of plumbing in the said cities unless his name and ad-

dress be registered as above provided.

"§ 2. A list of the registered plumbers of the cities of New York shall be published in the City Record, at

least once in each year.

"§ 3. The drainage and plumbing of all buildings, both public and private, hereafter erected in the city of New York or in the city of Brooklyn, shall be executed in accordance with plans previously approved in writ-ing by the board of health of the said health departing by the board of health of the said health departments of said cities respectively. Suitable drawings and descriptions of the said plumbing and drainage shall in each case be submitted, and placed on file in the health department. The said boards of health are also authorized to receive and place on file drawings and descriptions of the plumbing and drainage of buildings erected prior to the passage of this act in their respectives. tive cities.

"§ 4. The board of estimate and apportionment of the city of New York shall add six thousand dollars to year eighteen hundred and eighty one, and shall insert the same in the tax levy, to provide for carrying out the provisions of this act, so far as it relates to the city of New York.

" § 5. Any court of record in said cities respectively, or any judge or justice thereof, shall have power at any time after the service of notice of the violation of any of the provisions of this act, and upon the affidavit of one of the commissioners of health of the said cities, to restrain, by injunction order, the further progress of any violation named in this act, or of any work upon or about the building or premises upon which the said violation exists, and no undertaking shall be required as a condition to the granting or issuing of such injunc-

as a condition to the granting of the state of the provisions of this act shall be deemed guilty of a misdemeanor.

§ 7. This act shall take effect immediately."

#### ASTHENOPIA.\*

By W. H. WINSLOW, M.D., PITTSBURGH, PA.

There are many sensitive women who have a great deal of trouble with their eyes, out of all proportion to any cause apparent in the organs. They cannot read or sew without suffering from an aching of the eye-balls, heat and twitching in the lids, and more or less head-ache, both frontal and occipital. There is shrinking from bright light, and the glare of snow fields and sheets of water; giddiness is not infrequent, and nausea occurs occasionally.

These symptoms and some others, are grouped under the term asthenopia, a Greek derivative, signifying

weak eye.

The history of a patient affected by asthenopia varies with each case, but will be something like this: She has used her eyes too long in a dim light, has strained them over fine work; has worked too assiduously upon a black dress, or has been obliged by her occupation to use her eyes many hours every day. Another lady will confess that she has used her eyes during illness or convalescence, to glance over the paper, or read a new book, to finish a bit of embroidery, or just to mend a rent in Johnnie's pants.

The first giving way of the eyes is sudden, and laid at the door of some extra work, or some imprudence; but the patient will recall that the eyes have felt a little strained and watery, perhaps, months before, especially if the asthenopia has occurred when there has been

continuous fair health.

Steady work, strain, illness, predispose to the affection, but there frequently exists some defect in the curvature of the cornea or lens. The patient can't see to read or sew without pain; the ciliary muscle has lost some of its power to accommodate, and the harmonious some of its power to accommodation and the narmonous relation between accommodation and the convergence of the eyes has been destroyed. The ciliary muscles and the internal recti are correlated parts of the ocular ap-paratus, and contract and relax together. The strong lose power of accommodation through excessive deupon the ciliary muscles; the weak through in-

herent weakness of muscular fibre.

The invalid don't believe she has abused her eyes.

To be sure, the room was darkened a little, she was bolstered up in bed, or reclining in a chair, and her eyes felt a little weak at the time; but it was so short a time, she was so tired doing nothing, and, then, it

didn't hurt.

She kept all her other muscles at rest, by peremptory orders from the doctor, and didn't know that the ciliary orders from the doctor, and didn't know that the citary muscles and the recti got weak with their kind of tisue, and also demanded rest. She didn't know how these muscles have to work to see near objects; she thought seeing was as easy and effortless as sleeping. Thus necessity, in those whose livelihood depends upon much visual labor, and ignorance and imprudence in the invalid, lead to troublesome eye symptoms; which, in some neurotic persons, prove very obnoxious to treatment.

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to treatment.

Asthenopia occurs in both sexes, and requires a long disquisition to do justice to the subject, but this is neither the time nor place for such a work. I have said that an organic defect exists in many eyes that show symptoms of asthenopia. This defect is of such a nature, generally, that the individual who uses the

Read before the Homosopathic Medical Society of Allegheny Co., July, 1881.

eyes much for near work is almost sure to find it out sooner or later, without having done anything imprudent. The most common defect is hyperopia, or, so-called far-sight, i. e., the patient can see far away better than near; in contradistinction to myopia, in which the far sight is not so good as the near. The far sight in hyperopia, however, is not so good as with the perfect e It is the attribute of the uneducated and uncivilize and found most commonly in sailors, Indians of the plains, and desert-wandering Arabs. Myopia, on the contrary, is the attribute of the edu-

Myopia, on the contrary, is the attribute of the edu-cated and refined, and is most prevalent where schools

flourish and culture is broad.

Hyperopia consists of a shortening of the antero-posterior diameter of the eye, in comparison with the re-fraction of the media. The ball may be too short, or fraction of the media. The ball may be too short, or the cornea and lens too flat, the effect will be the same: parallel rays of light will not be focussed upon the retina—will not come together—and the images of ob-jects will be blurred, unless the ciliary muscle does an extra amount of work. When the ciliary muscle con-tracts, it makes the lens more convex. In the normal eye, the muscle can change the shape of the lens, so that a small object may be seen when brought within a few inches of the eye. In the hypermetropic eye, the muscle makes the lens convex enough by extra effort, ele makes the lens convex enough by extra effort, so that the defect is masked, and one can see near for a time very well. This demands much work of the mus-cle; and, as age advances, and the lens stiffens, or the muscle becomes weak from improper use of glasses, ex-cessive demands for fine work, or trivial use during a debilitated state of the system; seeing things near, or accommodating for the near point, requires considerable effort, causes strain and pain, and is often impossible. Any attempt to use the eyes in such a condition causes various unaccountable neuralgias about the eyes, fore-head, and occiput and is likely to injure the visual

organs permanently.

The ciliary muscle gets in a spasmodic condition by the patient's attempts to see near, and it is a very difficult task for those who have not studied eye diseases carefully to determine what is the matter. The accommodative asthenopia may be simple weakness in the muscle, it may be weakness of the muscle attended by the hyperopia described, or, with one or both of these, there may be another refractive anomaly called

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astigmatism.

This consists in a lack of symmetry in the different meridians of the cornea or lens. The radius of curva ture in one meridian is shorter than that of the meri-dian at right angles to it. It greatly complicates a case, and often requires hours of careful examination to

arrive at its correction.

Astigmatism diminishes the vision greatly, and the person affected will necessarily hold things nearer and nearer, in proportion to its degree, in order to enlarge the visual angle, and to see plainer. This will give the friends and physician a fulse impression that the person is near-nighted, or myopic. Be on your guard about this. A good many doctors have been fooled. It is the family a history duty to recognize all the carriers are family physician's duty to recognize all the curious eye symptoms which his patients present, and not pass them over lightly, nor treat them with medicines con-tinuously, until satisfied by a critical examination at the

tinuously, until satisfied by a critical examination at the hands of an expert that no physical defect exists. The physician is not honest with his patient nor just with himself, who goes on treating a sufferer in the dark, when perhaps an examination would reveal an organic defect, that can be corrected by glasses.

In all suspicious cases, it will not hurt any physician's practice or reputation to call the specialist to his aid. I do not say this because I am a specialist, but because it is true. These eye troubles will go to the specialist—if not to me, to others in Pittsburgh and the East; and physicians of both schools have been bitterly blamed by patients, in my office, because they did not send them for examination sooner.

The treatment of accommodative asthenopia is mechanical, hygienic, and medicinal. I place these in the order of their importance. The refraction of the eye must be examined, and a proper glass ordered. This is a difficult task. The opticians do it after a fashion, and make distressing mistakes. It seems a simple thing. The patient can't see near, a convex glass will make her do it. that's the thing then. So the optician decides. do it; that's the thing, then. So the optician decides; but a number of glasses that will help a patient to read at eight to twelve inches, frequently brings on terrific pains, even when it relieves the ciliary muscle considerably. The muscle gets in a spasm often, and then all es except concave ones are refused emphatically. who would suppose a person requiring a convex glass to relieve distressing asthenopia would see better both far and near with a concave one? Yet it is even so; and, Gentlemen, I assure you that not only scientific opticians, but oculists of considerable reputation, make mistakes in selecting glasses for asthenopia. I've done it myself, and am not ashamed of it. Every oculist sympathizes, especially young ones. I order about two it myself, and am not ashamed of it. Every oculist sympathizes, especially young ones. I order about two hundred pair of glasses a year; and at least two-thirds of the cases have worn from one to six pair before, according to the advice of some "scientific optician," or some oculist with the hay seed still in his hair.

The proper use of glasses preserves sight, and is the sine qua non in all cases of asthenopia.

Build up the general health, improve the personal and local hygiene, and diminish the use of the eyes to a minimum for awhile. There is no need to expatiate in this direction: sever educated physician knows the imits direction:

this direction; every educated physician knows the importance of good food and clothing, a healthy home, and rest, for a damaged organ.

Medicines have a limited value in this affection.

Consum has proved very valuable, especially in women with some uterine disorder, and a very exquisitely-tuned nervous system. The retina is very hyperæsthetic, the patient shrinks from bright light, and even the glare of a mirror; and the other symptoms of asthenopia are

Cedron has done good service. Shooting pains in and about the eyes, extending to the back of the head; pain and pressure from temple to temple, and weakness, deand pressure from temple to temple, and weakness, de-pendent upon the malarial cachexis, are leading symp-toms calling for this remedy. Spigelia covers much the same symptoms, occurring in a rheumatic patient. Cin-chona is one of the best remedies in debility and anaemia of the retina and nerve; and Phosphorus cannot be dispensed with. Agaricus, Euphrasia, Ignatia, Physos, and Ruta, are occasionally indicated. These medicines will relieve temporarily, but nothing will cure till the proper glass is ordered.

EVIDENCES THAT DEAD INFANTS WERE BORN ALIVE, —At the conclusion of a close study of this subject, Dr. W. S. Abbott states in the Boston Med. and Surg. Jour., that the medical examiner may infer that a child has lived during and after its birth from the following signs:

1. When the diaphragm reaches only to the fifth in-

tercostal space.

2. When the lungs more or less completely fill the thorax

3. When the ground color of the lungs is broken by 3. When the ground color of the lungs as bloom by insular marblings.
4. When, by careful experiment, the lungs are found to be capable of floating.
5. When a bloody froth exudes from the cut surfaces of the lungs on slight pressure.
6. When the air-cells are visible to the naked eye.

These proofs, complete as they are, may be strength-ened by cicatrization of the umbilicus, the scaling of the ened by clearization of the umbificus, the skaling of the epidermis, the closure of the feetal ducts, the size of the osseous nucleus, of the inferior femoral epiphysis, the existence of milk, sugar, starch or medicine in the stomach, determined by the appropriate chemical tests, and by the presence of fecal matter other than meconium in the lower intestines.—South. Med. Reformer, 1881.

#### PATHOLOGY AND DIAGNOSIS OF TRICHINI- suspicion of trichiniasis in its first stage, and in due time ASTS.\*

By J. M. PARTRIDGE, A.M., M.D., SOUTH BEND, IND.

Nearly two thousand years ago it was written of Herod, King of Judea, that he was "eaten of worms and gave up the ghost." Since that time no doubt thousands gave up the ghost." Since that time no doubt thousands and tens of thousands of human beings, from the royal and tens of thousands of human beings, from the royal rank of King Herod down to the lowest order of men, have been slain by parasites, and they have died in ig-norance of the cause of their pangs, and their physicians have attributed their deaths to every disease known among men; but on none of their tomb-stones was this truth ever written, "Died of Trichiniasis."

The very obscure character of this disease, and the

The very obscure character of this disease, and the remarkable barrenness of the medical literature of all chools on this subject, have induced me to pres

schools on this subject, have induced me to present to this society some thoughts thereon, deduced from actual observation and experience.

In January, 1879, I was called to see a German family consisting of the father, mother and three children. I found them all seriously ill, and similarly affected. Three physicians had preceded me. The first diagnosticated bilious diarrhou, the second, typhoid fever, and the third was prescribing for inflammatory rheumatism—which their symptoms so closely resembled that a solitary case might deceive the most careful observer. I also learned that other members of the family were similarly afflicted. All these facts led me at once to suspect ilarly afflicted. All these facts led me at once to suspect some common toxical cause, and I made a thorough amination as to the sanitary condition of the well, cellar, and premises generally, but gained no clue to the difficulty until I entered the domain of the commissary or culinary department. I now learned that a few days before the sickness began, they had purchased and slaughtered a hog, of which they had eaten freely. Upon carefully reviewing the history of these cases, I became convinced that they were infested with trickina spiralis and that the disease had reached its third stage, or that of muscular perforation and consequent inflammation. amination as to the sanitary condition of the well, cellar, of muscular perforation and consequent inflammation.

of muscular perforation and consequent inflammation. My views were made known to several medical gentlemen who were treating some of these cases, but not one of them agreed with my diagnosis. However, the newspaper fraternity, ever on the alert for a new sensation, gave my opinion the greatest publicity. I now waited very anxiously the advent of the fourth stage of the disease by which my opinion was to be triumphantly confirmed, or as publicly refuted. It came. In a very few days Mr. S. began to cough and complain of pain in his lungs, great dyspnæa, bloody expectoration, hectic fever and prostration.

He died in twenty-eight days from the onset of the dis

A post-mortem examination, by the aid of the micro-scope, demonstrated that his muscles were literally filled with parasites; as many as thirteen having been counted

with parasites; as many as thirteen having been counted in 1/2 of a grain of flesh.

There were fourteen members of the family and relatives who partook of this pork, and all were more or less seriously affected with the disease. Two died. There were three married women in different stages of pregnancy, from six weeks to four months. All three miscarried in the third stage, and all recovered.

Nice the stage are representing three different schools

Nine physicians, representing three different schools of medicine, one of them an ex-President of an Old School medical college, prescribed for these cases; not one of whom agreed with my diagnosis or recognized the existence of the parasites till their presence was demonstrated by the microscope.

Da Costa believes that in most cases there is no certainty of diagnosis short of vivisection and actual microsco-pic examination of the flesh of our patients; but if we bear in mind that this disease has its different and dis-tinct stages of development, and having in any case a suspicion of transminer in its lirst stage, and in the time there follow definitely marked, characteristic symptoms of the second stage, our suspicion of a possibility has now advanced to a probability. And, moreover, if there supervene, in their appointed time and order, prominent ly characteristic symptoms of the third and fourth stage, ly characteristic symptoms of the third and fourth stage, we may be as positive and unerring in our diagnosis as in most other diseases. From these general observations on trichiniasis, I proceed to state as concisely at possible my views of its pathology and diagnosis. When by eating infected and imperfectly cooked meat, the parasite is taken into the living stomach in its encysted and dormant state, and by the process of digestion it is liberated from its cell and restored to active life, it immediately attacks and attaches itself to the mucous membrane of the stomach and bowels with which it is brought in content.

For about two days it lacerates and gorges itself with this mucous surface, and when becoming sexually ma-ture, it deposits thousands of young, hair-like larve; which immediately attack and for two days more greatly which immediately attack and for two days more greatly exaggerate this mucous irritation and inflammation, which is the characteristic pathological condition of the first stage. The diagnostic symptoms of the first stage are manifestly frequent, uncontrollable and long continued vomiting and purging of mucus, with terrible nausea and lething of food and drink. Beyond the first stage or period of mucous irritation, the original or parent parameters.

ite is not recognized.

asite is not recognized.

2. In the second stage the young parasite pierces the stomach and intestines and invades the adjacent glandular structures, causing irritation and inflammation of these organs, and producing a pathological condition similar to that of typhoid fever in its earlier stages.

The symptoms of the second stage are pain and soreness of the bowels with tympanites, low continued fever, disrrbora, debility, loss of appetite and of sleen.

diarrhœa, debility, loss of appetite and of sleep.

3. The parasite next manifests itself in the muscular e method of reaching which has hitherto been a disputed point, whether by continuously perforating and traversing the solid tissues or by the circulatory sys-tem; the probabilities, however, seem to favor the latter opinion. Indeed, I have a case in point that seems to demonstrate it. Among my patients was a nursing child, of whom the mother affirmed that it had not tasted the infected meat, and yet this child had the same sympone infected meat, and yet this child had the same symptoms as other members of the family, of trichiniasis in the third and fourth stages. Evidently this child received its parasite through the lacteal circulation. It is fair to infer, therefore, that the parasites are carried from the lacteal into the general circulation, thence distributed by the capillaries through all the muscular structures. Here their presence is soon painfully realized

Penetrating and lacerating the tissues, they gorge themselves therewith, until in a few days they have at-tained their growth and first form of development. This mutilating and consequent inflammation and weak-ening of the muscles constitutes the characteristic pathol-ogical condition of the third stage.

orical condition of the third stage.

The diagnostic symptoms in the third stage are excessive swelling, soreness and weakness of the muscles, with fever, great anxiety and dyspace; the symptoms closely resembling those of inflammatory rheumatism. The appearance of the fourth stage is recognized by greatly increased dyspaces, frequent coughing, with sanguino-purulent expectoration, excessive bloating of the face and extremities, anxiety, sleeplessness and utter prostration. And if these different stages have been severe the patient dies, certainly and speedily, with symptoms of typhoid pneumonia.

I feel confident that you will find in this paper valuable aids to the detection of this occule disease, which have not before been published. To fail in diagnosis is a reproach you cannot well afford to endure, and yet it is a humiliating but undeniable fact that after the second, and probably beyond the first stage of the disease,

<sup>\*</sup> Read at the 15th Annual Session of the Indiana Institute of louve-country at Indianapolis, Ind., May 25, 1881,

nedical aid is of little avail. As physicians your use medical aid is of little avail. As physicians your usefulness depends greatly on your prophylactic ability. You must educate the people to decent and therough cookery. Rice is one of the simplest articles of diet, and yet death may result from eating half boiled rice, by its swelling and over-distending the stomach.

If pork is thoroughly cooked there is absolutely no danger from trichiniasis. In a temperature of 212° paraitle life sevent endure.

asitic life cannot endure.

And here it may not be out of place to remark that just at this time there is great excitement in commercial just at this time there is great excitement in commercial circles on account of the unjust and unwarranted exclu-sion of American pork from European markets. Our Secretary of State is vigorously investigating this matter and will no doubt find that the first cases of trichiniasis on record were found in Europe, from eating European on record were round in retrope, from eating Entropean pork; and since that time there has been in proportion to the amount consumed, greater fatality from the lean hogs of Europe than from the well-fed hogs of America. And he will also find that this should be a matter of domestic education rather than of commercial legislation.

#### HYSTERIA AND ITS TREATMENT BY PRESSURE\*

BY W. H. THOMAS, M. D., ELKHART, IND.

No doubt if we should investigate the subject of Hysteria thoroughly, and go back far enough in our research, we would find that many of those who were burned at the stake for being possessed of the devil and known as witches, were only nervous subjects and suffering from a disordered condition of the nervous system tering from a disordered condition of the nervous system that produces those peculiar manifestations known as Hysteria. This affection was recognized centuries ago by the profession, and until recently, was supposed to have its seat in the uterus. So thoroughly were the physicians of the past convinced that the womb was the source from which Hysteria emanated, that it was known by the cognomen of "Suffocations of the womb." Later investigations have induced some of our best authors to consider Hysteria to be entirely due to an irritable condition of the ovaries.

Prof. Guernsey in his first work on Obstetrics, says:
"Hysteria extends its influence over the entire sexual
appratus. From its profound connection with the
sympathetic system, it may extend its influence to all
the involuntary organs, and by its final extension to the cerebro-spinal nervous system, may involve also all the voluntary muscles, but its original seat and constant source must be found in the ovaries." He further says, "Hysteria is truly and exclusively due to irritability of the ovaries;" and to substantiate the theory, says that "pressure upon the ovaries will produce Hysteria."

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"pressure upon the ovaries will produce Hysteria."
In his last edition of the same book, he has receded a little from this position, and says "the uterus has usually been considered the seat of Hysteria, but the ovaries as the centre of the sexual system must now be regarded as the real Fons et origo of a majority of cases of hysterical affections." He, however, in the last work, as in the first, says pressure upon the ovaries will produce Hysteria. It may be true that the phenomenon known as Hysteria, may be true that the phenomenon known as Hysteria, may be caused in a majority of cases or even in all cases for that matter, by an irritable condition of the ovaries, yet the real proof of the fact is lacking. No doubt there are certain facts well understood, that might cause one to consider ovarian irritation the cause of hysterical ways for the cause of hysterical ways of the cause of hysterical ways for the hysterical ways for hysterical ways for hysterical ways for hysterical ways for hy terical manifestations. Perhaps of all the diseases we have to treat, there is no one disease in the whole category that will so surely and constantly cause all the symptoms of Hysteria, as acute ovaritis; yet that Hysteria does accompany other diseases and, often appears without any known complication, with men too, none I think will deny. It is considered by some authors to be of hereditary origin. I believe it to be hereditary only in tendency. A peculiarly sensitive nervous tempera-

ment under certain circumstances, would be liable to ment under certain circumstances, would be hable to suffer with Hysteria, but how the seat of this affection can be located in the ovaries, or the ganglion of the sym-pathetic system, I do not understand. I do not know from experience, nor have I any evidence from any other source except Prof. Guernsey, that pressure upon the ovaries will produce Hysteria, but I have some experi-ence and considerable evidence that the same procedure will of this produce Hysteria, considerable evidence that the same procedure will ofttimes give relief in cases of hysterical convulsions. We are informed that, in connection with the asylum We are informed that, in connection with the asylum for the insane at Saltpetriere, in Paris, there is also a certain portion of the building set apart and occupied by hysterical subjects. That there are a barge number of patients confined in these apartments, all of whom suffer with hysteria to a greater or less degree, and so well do these patients understand that pressure upon the ovaries will give relief, that when one of their number is seized with an hysterical paroxysm, they will immed-iately apply the pressure to the ovaries and thereby instantly suppress the violence of the symptoms; and if the pressure be continued long enongé (and it is said it the pressure be continued long enough (and it is said it sometimes requires several hours,) the hysterical manisometimes requires several nours, the hysterical manifestations entirely disappear for the time being. But should the pressure be removed too soon, the symptoms will immediately reappear. In my own practice, I have found two or three hysterical patients that obtained relief by similar treatment. One is a young lady, who, when suffering violent hysterical convulsions, receives immediate relief by her father taking her in his lap and putting his arms around her and pressing her tightly to himself. In this instance, it is a strong man and a loving father holding tightly to himself a weak, debili-tated and favorite child. This young lady says that when her father holds her thus, it gives her power to control herself as she cannot do at the time under other circumstances.

I know of a young girl that is subject to hysterical convulsions which can be averted by a sudden slap with the hand if administered at the beginning, and her mother informed me that she never failed to stop them in this way when she noticed the premonitory symptoms.

Dr Franzolini, an Italian physician, has published an

account of his investigation of an hysterical epidemic which prevailed in one of the rural districts of Italy in 1878. The Commune contained about 1800 inhabitants, of whom at the time the inquest was made, 62 women and 11 men in two of its four subdivisions, were sick.
The majority with nervous affections, mostly of an hysterical form, of different degrees of intensity. Some of these patients received immediate relief by the priest applying a sacred relic to the neck or breast. applying a sacred relic to the neck or breast. In the hospital at Paris, Hysteria often assumed an epidemic character; and so numerous were the attacks at one time, that the physician in charge, coolly told the inmates that the latest and most approved method of treatment, was to burn the arms of the patient with a red hot iron, and caused the irons to be made, heated and kept ready for immediate use. The result was, there were no violent hystorical manifestations for some time after. hysterical manifestations for some time after. Some at hysterical manifestations for some time after. Some at least of the cases cited above, would seem to prove that this affection was largely under control of the will. The application of the sacred relic to the neck and breast, the heating of the iron, only, of course, affected the patient mentally. They expected relief and obtained it, or they feared the consequences and resisted the attack sufficient to overcome it. "To have no will," is claimed by some one to be a characteristic of hysterical subjects. Hysterical persons are very susceptible to all the influences that surround them, and are inclined to give way to their passions and desires, without in the least exerting any will power over themselves. Their appetites like their will power over themselves. Their appetites like their minds, are variable and unreliable. The diet, consequently, is the least nutritious, and the system suffers materially from defective and improper alimentation.

If experience has taught me anything, it certainly has taught me that if I can succeed in causing my hysterical patients to believe in their own power of self-control,

<sup>\*</sup> Read at the 15th Annual Session of the Indiana Institute of omceopathy, at Indianapolis, Ind., May 26, 1881.

nd resist their desires, and make an effort to do thos things that are proper for them to do; such as seeking out-door exercise in a degree corresponding with their physical ability to endure it without fatigue, and observe rules of diet that will furnish them with good, wholesome physical ability to endure it without fatigue, and observe rules of diet that will furnish them with good, wholesome and nutritious food, and abstain from all food not of this class, and at the same time avoid turmoil and undue excitement, I have won half the battle, and can, by administering the indicated remedies, improve their con-dition materially; but medical treatment without the least effort on the part of the patient to control her mind, her appetite, passions and desires, is a waste of precious time and money, and unsatisfactory results will follow.

#### PECULIAR CASE OF CHILD-BED FEVER.

By George William Winterburn, M.D., New York.

Mrs. S. E., aged 31; lymphatic-sanguine; mother of one living child and five still-births. Sent for me on June 24, at 11.30 P. M., with the information that the "water had broke" about an hour previous, but that there were no pains. Diagnosing a probable delay, I told the messenger that I would hold myself in readiness, and when the pains came on to return for me. About 6 o'clock the next morning I was again sent for. On arriving I found the pains were just beginning, but were spassmodic. Digital examination showed the womb well up. presentation not determinable. Finding after

were spasmodic. Digital examination showed the womb well up; presentation not determinable. Finding after an interval that the pains became more spasmodic, I gave Pulsatilla, and went home to breakfast. After attending to other cases, I returned at 10 o'clock to find everything about as I left it, with pains less frequent but stronger. I advised the patient to walk about the room. She did take a few turns, but the pains, contrary to my expectation, and although she had had meanwhile a cup of hot tea, died away entirely. During the afternoon I was busy elsewhere, but sent an assistant to watch the case. I returned at 8 P. M. The pains were now very severe, but not bearing down and labor not progressing. An external examination showed the fœtal head in the right iliac fossa, and per vagina, which was moist and well dilated, an abdominal presentation. I administered Pulsatilla, and in an hour Secale, but moist and well dilated, an abdominal presentation. I administered Pulsatilla, and in an hour Secale, but seeing no material change, and the temperature of the woman having reached 99½° pulse 115 and wiry, I determined to operate. I might add that the woman had slept at intervals during the entire day, but that now the limbs began to twitch during sleep, and the face flushed. I administered Chloroform, just barely sufficient to produce anæsthesia, and introducing my hand into the os uteri, brought down the right foot. The labor progressed satisfactorily, but although the perineum was held back and the finger inserted into the child's mouth, it was born asphyxiate. Due efforts for more than half an hour were made to revive the child, but without effect. The umbilical cord was then cut, and the placents renour were made to revive the cand, but without enect. The umbilical cord was then cut, and the placenta removed; the mother wiped dry with a warm flannel, and Rhus tox. \* administered in water. There was considerable hæmorrhage, but at no time profuse, and it stopped altogether in about an hour.

On returning next morning (26th), found the after pains severe; considerable tenderness on pressure; pulse 130; temperature 101°. Gave Arnica°. June 26, 8 r. m. After pains very slight; less abdominal tenderness; pulse 120; temperature 101½°. Con-

June 27, 11.30 A. M. Very weak; face sunken and pale; lips dry and cracked; pulse 140; temperature 102°; breasts hard like stones, but pale. Bryonia.

June 28, 10.30 A. M. Breasts greatly improved and no longer painful, but pain and tenderness in abdomen; very slight tympanites; lochia normal; great thirst, with dryness of throat; pulse 130; temperature 102½°. Belladonia.

great restlessness; pulse 180, wiry; temperature 102°. Aconite June 29, 10 A. M. Less thirst, but temperature 1021/6;

pulse 150 and bounding. Veratrum vir. 2.

June 29, 8 p. m. No material change, except pulse
130 and less full; temperature 102½°; very restless and

anxions. Acontie.

June 30, 10 a. m. No improvement; pulse and temperature the same as night before; great thirst; feels chilly and thinks she has taken cold; darting pains in

right temple. Arzenic 3.

June 30, 4.30 P. M. No change. Arzenic.

July 1, 10.30 A. M. Feels better; pulse 100; temperature 103°; some appetite; chilly sensation all gone; anxious, vivid dreams all night long; red face. Aco-

July 1, 8 P. M. No thirst; pulse 90; temperature 102½°; breasts again heavy and painful. Bryonia.
July 2, 2 P. M. Severe neuralgic pains in right eye, with photophobia; no thirst; no pains in breasts or abdomen; bowels have moved for the first time since confinement; lochia very slight, milk white, and not offensive; thinks if it were not for pains in head that she would be quite well; but temperature still 102°; pulse 90. Calcarra carb.

90. Calcarca carb.
July 8, 11 A. M. Neuralgia much better; rather restless night, otherwise no change; temperature 1021°. Cal-

July 4, 10.30 A. M. Neuralgia all gone; no pains any where; bowels all right; appetite improving; pulse 80; temperature 100°. Calcarca carb.

July 5, 11.30 A. M. Pulse 70; temperature 99°; drow-

sy, although she slept well all night; no dreams the past two nights; food tastes good, still she does not care to eat; white, turbid urine; face pale and emaciated. Chi-

July 6, 11 A. M. Pulse and temperature normal; urine clear; quiet, dreamless sleep all night; appetite improved; spirits bouyant; lochia rather more profuse, but odorless; sat up one hour this morning; feels very weak

and tremulous; face pale. China.

July 7, 9 A. M. The condition of the patient is now most satisfactory; appetite good; bowels move freely; breasts empty and soft; mind active; muscular strength

returning.
This case was peculiar in that, while the various symptoms yielded promptly to the remedies prescribed, the fever remained unaffected until the 4th of July. The action of Bryonia in overcoming the tendency to make milk, and the concomitant symptoms of heaviness, make milk, and the concomitant symptoms of heaviness, pain, swelling, etc., was most beautifully illustrated. The apparent consequences of taking cold on June 30 were not from that cause, but from the general ones producing the febrile state, and were promptly controlled by Arzenicum. The condition of June 29 was typical of Veratrum viride, but the remedy falled to do aught but character and frequency of the pulse. Perchange the character and frequency of the pulse. Perhaps a higher potency might have done more, though I am accustomed to see the most satisfactory results from the preparation used. The characteristic condition of this case was the uniform temperature of 103° to 103½°, with no regular diurnal fluctuation for an entire week. Calcured showed improvement from the first dose, and although the temperature was the last symptom to yield, yet I felt sure it would do so, as it did. The slight increase on July 3 (‡) was caused by restless sleep and extraneous circumstances, and was unimportant when taken in connection with the general improved appearance of the patient. Calcarea was given after a very careful study of the symptoms, and it is but another illustration that the properly selected remedy will cure the case, whether it is a usual or an unusual prescription for the pathological condition.

to Q

June 28, 8 P. M. Tenderness in abdomen relieved and throat less parched, but intense thirst; no appetite; tum, with a pair of common bellows.

#### OOINGIDENGES IN MEDICINE.

BY F. J. NOTT, M.D., NEW YORK.

Judging from reports in many medical journals, pincidences in medicine are more numerous and wonderful than those of natural science. As an illustration, I simply wish to make one or two quotations, thereby showing how easy it is for such reports to

I. Dr. D. B. St. John Roosa says,\*: "There is no doubt but that large doses of Quining may cause temporary affections of the labyrinth, which are made known innitus aurium and impairment of hearing; yet I am inclined to think that such a congestion is not pe-culiar to the membranous labyrinth, but that it may

culiar to the membranous labyrinth, but that it may also occur in the tympanic cavity and in the auditory canal, from the administration of Quinine."

The same author narrates a case in which † "the symptoms of cinchonism were ringing in the ears and dizziness. He quotes † Sir James Paget as saying: "Large doses of Quinine will make a man, at least for a time, deaf and blind:" and he also makes a quotation | from Dr. Wecker's work upon ocular therapeutics, in which occurs this passage: "He filled a large glass for about an inch with Quinine, swallowed it all, and went to bed. He awoke both deaf and blind."

We thus have good authority for arranging three of

We thus have good authority for arranging three of the most prominent symptoms of cinchonism as fol-lows: (1) tinnitus aurium; (2) dizziness; (3) deafness.

II. The London Medical Record, April 15, 1881, has the following:

"Dr. Edward Menière has just published a Memoir, on the diseases described by his father in 1861. Men-ière's disease is constituted by three principal symp-

'(1.) The noises and whistlings which precede the

"(2.) The vertigo, accompanied by nausea and vom-

iting.

(3.) Deafness, as a rule, incurable the Memoir deta "(3.) Deafness, as a rule, incurable.
"The writer of the Memoir details at length the treatment of this disease, in which he follows the method proposed by Professor Charcot. The patients take, after their meals, pills composed of 10 centigrammes of Sulphate of Quinine, and 10 centigrammes of fluid Extract of Oinchona. He thus commences with 30 centigrammes of Sulphate of Quinine, and goes progressively up to 70 and 80 centigrammes, and even 1 cramme; then he entique absolute abstantion from it. gressively up to 70 and 80 centigrammes, and even 1 gramme; then he enjoins absolute abstention from it during a fortnight, three weeks, or even a month, but recommends, during the first period of a month, giving 40 centigrammes at first setting off. The effect of the Quinine is to diminish and cause the vertigo to disappear, and, on the other hand, to modify the disease.

"M. Menière does not pretend to formulate a curative treatment of a disease against which all the recovered.

treatment of a disease against which all the resources of therapeutics have hitherto been unavailing; but Quinine has, at least, the advantage of calming the most troublesome symptoms."

The italics are my own.

Now is not this curious? Perhaps some uneducated hypocritical believer in the "Law of Similars". and hypocritical believer in the "Law of Similars" may be able to suggest why Quinine should afford any relief in cases of so-called Menière's disease.

In the minds of our brethren of the exceedingly antiquated and excessively regular school of medicine, it is a singular coincidence.

\* Treatise on Diseases of the Ear, page 508. Wm. Wood & Co., N. Y.: 1876.

† Transactions of the American Otological Society, 1878.

‡ Ophthalmic and Otic Contributions, page 48. G. P. Putnam's ons, N. Y.: 1880.

I lid, page 100.

#### WHAT HOMEOPATHY HAS DONE AND IS DOING IN NEW YORK STATE.

BY C. SPENCER KINNEY, M.D., MIDDLETOWN, N. Y.

The geographical location of New York State places it in one of the most advantageous positions for the attainment of all that makes a State distinguished.

Considering this fact we can readily understand how it was that homeopathy was introduced into America by a small beginning made in New York by Dr. Gram in 1895

Dr. Gram appears to have been one who, fully im-ressed with the importance of the truths he had ac-

pressed with the importance of the truths he had accepted, lost no opportunity in advancing the claims for recognition he believed homeopathy able to sustain.

In accounts given of his early practice, we find him asking for the privilege of treating such of the chronic cases belonging to his brother practitioners as they would allow. Through the recovery of some apparently hopeless cases, the attention of several thoughtful physicians was called to the system, who eventually became adherents of the new and peculiar form of medication.

The first organization of homeopathic physicians in New York was in 1834, and called the New York Homeopathic Society, and was composed of physicians and

copathic Society, and was composed of physicians and laymen—the latter, however, were soon excluded from membership, but their influence did much in many lo-calities to direct attention to the new and enlightened method of treatment.

For some time the exponents of homocopathy were confined to the county of New York. As soon as the people learned to recognize the ease and rapidity with which diseases succumbed to the efforts of the disciples of Hahnemann, the progress of the school was more world.

To be sure, it met then, as it has since, opposition in every form that a persistent and overwhelming majority of antagonists could suggest.

Homocopathy has, however, been gaining in public favor year by year, since the great truths it has been ever willing to advance to the criticism of candid minds were first made public.

To overcome traditional, and we may as well say an

inherited prejudice, is no simple task.

That the principles should be first received among the educated classes, whose minds more readily grasp the

doctrine of facts, requires no explanation.

Through the efforts of its supporters, homeopathy was recognized in New York State by law in 1857, and since then the powers and privileges enjoyed by the "old school" have been ours also.

To-day we are able to look back upon the performance of good, and in every way successful work. It is a matter of pride to every honest homeopath to witness the result of the practice suggested by Hahnemann.

The patients who have used the two systems attest the

rity of our treatment as contrasted with the

method employed by our opponents.

Our colleges, hospitals, State asylum for the insane, and our dispensaries that are scattered throughout the State make our progress still more emphatic by their simple existence. New York State now has a flourishing State Society, thirty-four county societies, some of which

Fourteen hospitals, eight of which have a total of over five thousand beds. Ten dispensaries that treat over fifty thousand patients annually. Two medical colleges, one being for women, besides the N. Y. Ophthalmic Hospital School. It also supports five journals of more than usual merit.

Three institutions in the State deserve more than a passing notice on account of their wide-spread influence that has made itself felt in different ways throughout the country. From the reports we learn that the New York Ophthalmic Hospital, originally under the control

<sup>\*</sup>Read before the Conn. Hom. Med. Society, May 17, 1881.

of the "old school," was in June, 1867, turned over by its board of directors into the hands of the homeopaths. Since that change was made they have annually treated on the average of five thousand—the past year the num-ber reached 6,146.

The advantages for clinical instruction in dise the eye and ear are unsurpassed, and since 1871 there has been given each winter a thorough course of lectures upon ophthalmic and aural surgery with the appropriate

homocopathic treatment,
All physicians who have been in practice for a ye and can pass a satisfactory examination before the Board of Surgeons, can obtain, on payment of twenty-five dol-lars, the diploma of the hospital. Owing to the severity of these examinations but few receive it, but the few are well qualified to devote their attention to this important specialty.

The New York Homoopathic Charity Hospital on

The New York Homosopathic Charity Hospital on Ward's Island has been in active operation for nearly six years, and has publicly demonstrated the success of our practice in general diseases. "During the first five years of the hospital's work, from Jan. 1, 1876, to Jan. 1, 1881. 19,679 patients were treated. Of this number 1,055 died. The death-rate for this period was 5.36%, The number under treatment each year varied from 3,00% to 4,500, the death-rates varying from 4.0% to 6.07%. The average of cures compared very favorably with any of the older hospitals. In its medical wards all the diseases in the nomenclature of medicine excent those of a conta-

older hospitals. In its medical wards all the diseases in the nomenclature of medicine, except those of a conta-gious nature, have been treated.

In its surgical department, most of the important op-erations known to modern surgery have been performed. The New York State Homosopathic Asylum for the Insane, at Middletown, in its tenth year of existence, needs nothing but a brief mention to show what it is doing. As a matter of interest to members of the fession "physical restraint" is not employed, and, we

Medicines are administered according to the strict in-dividualization of the patient, and the case books show that the prescriptions range from the mother tincture to

the highest potency.

The rate of recoveries was larger, and the death-rate The rate of recoveries was larger, and the death-rate lower last year than ever before in the history of the institution. Recoveries 46.56%, deaths, 4.18%. 311 patients were treated during the year, of which 164 were in the asylum at the beginning and 180 at the close, Oct. 1, 1880. The number admitted was 147 and the number discharged or dying, 131. The number of recoveries was 61, improved, 24; unimproved, 33; deaths, 13.

eries was 61, improved, 24; unimproved, 33; deaths, 13. The largest number present at one time was 199."

New York State now has about one thousand practitioners of homosopathy, many of them young men who have been educated in the principles of the school, and who, in hospitals, dispensaries and college clinics, have witnessed the success of the treatment.

They are growing up proud of the pame of homosome.

They are growing up proud of the name of homocopath, and, as a class, they are earnest and enthusiastic in the support of what they consider the best means for the advancement of all that makes homocopathy distinct

Their influence in the coming years is going to impress itself upon the history of medical progress, and it is not too much to anticipate from them a reaction from the useless talk of potency, etc., that finds expression in our ranks, and all true followers of Hahnemann will rejoice in seeing it met by those just now commencing.

In brief, I have attempted to give an outline of what homocopathy has done and is doing in New York State. Its success has been such that all its followers may point with pride to what it has accomplished. It needs not a prophetic ken to perceive—

#### "Beturning Justice lift aloft her scale."

Our school has made itself felt, it has obtained recogni-tion, and may we hope that its future may be that which according to its work is honestly its due.

#### SOME PRACTICAL POINTS IN DIGESTION.

BY J. MILNER FOTHERGILL, M. D.

Senior Assistant Physician to the Victoria Park Chest Hospital, etc.

The subject of Digestion and Assimilation has received a decided impetus from the recent Lumieian Lectures, delivered before the Royal College of Physicians by Dr. William Roberts, F. R. S., of Manchester. cians by Dr. William Roberts, F. R. S., of Manchester. In considering the digestive ferments and artificial digestion, he laid before us lucidly what has recently been done by physiological experiment and observation, and showed how it bears on practical medicine. We all know, only too well, what a large proportion of the ailments we are called upon to treat, are directly or indirectly connected with the digestive act. Not only with the digestive organs, but with those errors of "interstital digestion" which produce either struma or tubercle. We all recognize that failure of the digestive tract, now on the increase, of which dental caries is a part only. Why and how this failure is becoming so distinct and so widespread at present, can scarcely be discussed here. It is sufficient that we recognize the clinical fact. clinical fact.

All digestion is a process of solution by hydration;
..., as starch is converted into sugar by adding a molei. e., as starch is converted into sugar by adding a molecule of water to it, under the action of a ferment, so the albuminoid "proteid" is converted in the stomach into a "peptone," by a like process of hydration. It is easy to see that our food could not very well be stored in soluble form by the vegetable world, which, from ammonia, water, and carbonic acid, builds up for us starch, sugar, albuminoids, and fats. If soluble in water, they would constantly be dissolving in rain. So they are insoluble; and the digestive act renders them soluble, so that they can pass from the intestinal canal, through its walls, into the blood first, and from it again to the viscera and tissues.

to the viscera and tissues.

to the viscera and tissues.

Let us take the career of statch. The act of bursting the starch granule open by cooking, is a preparatory act of no little value in lessening the demand upon the digestive processes. This is illustrated by the practice of advanced agriculturists, who cook the starchy matters of the food of their stock, or ferment them by brewer's grains. Under the influence of the ferment of the saliva, starch is converted into sugar. This ferment is known as "diastase," and an identical "ferment" is produced in the process of malting barley, where the starch of barley is "hydrated" into malt. This barley ferment is now largely used, medicinally, for ill-nourished infants and invalids, and very useful it is. it ia

All digestion is a process of solution; but for proper perfect solution disintegration is essential and indis-pensable. The food, no matter whether starchy, albuperfect solution disintegration is essential and indispensable. The food, no matter whether starchy, albuminoid, or fat, must be reduced to tiny, minute particles before the ferments can act efficiently. We grind our corn before we cook it. We disintegrate it before it is subjected to a process which chemically affects it. That is, so much "digestion" is actually performed upon the food, before the digestion of the body is brought to bear upon it. So we cook our flesh in order to make it less tough; i. e., in order to make the tiny fibrillæ of the muscles fall more readily asunder. This reduces the act of chewing very considerably, and so reduces the work of digestion. The flesh of the pig and the calf is especially indigestible, because it is not readily disintegrated—as dyspeptics know to their regret, when they have been indiscreet enough to partake of either, often when some persuasive woman's voice has persuaded that "that little piece can't hurt you." These persuasive women are valuable allies for the profession! Cooking and mastication, then, reduce the labor of the stomach in disintegration. And again, we see how bad teeth, and habit of eating rapidly, lead to indigestion. With bad teeth, mastication is imperfectly an fi yy T do of w m th

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performed, and disintegration by the movements of the stomach rendered more difficult, and also painful. The digestion in the stomach is thus converted from a painless and rather comfortable matter, to a painful and uncomfortable matter. The food should then be

less and rather comfortable matter, to a painful and uncomfortable matter. The food should then be thoroughly chewed, for divers reasons.

Now we can profitably return to the matter of the effects of artificial diastase. It is quite clear that children and invalids should be taught to eat slowly, and mix their food patiently with saliva. The dairy farmer's wife and maids used of old to patiently feed their calves "off the finger;" i. v., they made the calves lick the milk from their fingers, and so it got vell mixed with saliva. But the increasing pace at which we live has reached the slow-going agriculturist, and now the calves are allowed to bolt their milk, with the natural consequence of too firm curds in the stomach, diarrhesa consequence of too firm curds in the stomach, diarrhea

consequence of too firm curds in the stomach, diarrhoea to get rid of them, a bottle of medicine to stop nature's efforts, and an increased mortality among calves. So, when children do not eat slowly, their digestive processes are embarrassed; and especially is this the case where the milk teeth are decayed.

Then again, in order to aid the defective action upon starch, by the natural diastase being deficient in quantity or impaired in power, we add the artificial diastase "maltine." But, as Dr. Roberts points out, in order to make this ferment operative it must not be taken after a meal is over. Rather it should be added to the various forms of milk porridge or paddings, before they ous forms of milk porridge or puddings, before they are taken into the mouth. About this there exists no are taken into the mouth. About this there exists no difficulty. Maltine is a molasses-like matter, and mixes readily with milk, gruel, etc., without interfering either with its attractiveness in appearance or its tooth-someness; indeed its sweet taste renders the gruel, etc., more palatable. A minute or two before the milky mess is placed before the child or invalid, the maltine should be added. If a certain portion of baked four, no matter in what concepts form were added to

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maltine should be added. If a certain portion of baked flour, no matter in what concrete form, were added to plain milk, and some maltine mixed with it before it is placed on the nursery table, we should hear much less of infantile indigestion and malnutrition.

Then comes the question of the digestion of albuminoids. Under the influence of the gastric juice, an insoluble albuminoid, a "proteid" is converted into the soluble "peptone." As such, it passes into the blood, where it at once passes back to proteid form. blood, where it at once passes back to proteid form. This digestion into a "peptone" is achieved by the addition of a molecule of water, and as soon as the soluble peptone has reached the blood it is dehydrated back to a proteid. This is the special function of the stomto a proteid. This is the special function of the stom-ach, etc., to digest albuminoids. And here, again, we see that disintegration is essential to solution. If the albuminoid be flesh it must first be cooked, which makes it tender, so that one minute fibril readily parts from its next neighbor. And, as persons advance in years, they usually prefer their meat well done, while youthful appetites like underdone meat generally.
Then it must be masticated so as to thoroughly break
down the separate fibrills. If these two preparatory
operations have been imperfectly performed, then the
work of the stomach is increased. Hence, the movements of the stomach are active and prolonged, so that the individual becomes conscious of them; this is the indigestion of "imperfect disintegration." This form

the stomach to the blood, and the gastric digestive act is not embarrassed by the presence of too much starch. These little matters reveal their practical importance under the bright light which advancing physiology is throwing upon them. They have long been known to throwing upon them. They have long been known to careful clinical observers empirically, and as matters of fact, but now we know them scientifically, which reveals their importance to all. Thus perfect disintegra-

veals their importance to all. Thus perfect unsintegra-tion is essential in all cases of dyspepsia. After that comes the question of "solution."

Digestion is really solution. The gastric juice is the solvent of the albuminoid elements of our food. Now, when this juice is secreted in insufficient quantity, or is impaired in quality, then the solvent process does not progress properly. We have then indigestion from imimpaired in quality, then the solvent process does not progress properly. We have then indigestion from imperfect action of the gastric juice. Having secured for the patient a suitable dietary, and as perfect disintegration as the circumstances of the case will permit, we come to the next matter, the gastric juice. We must secure more gastric juice, or a better quality of it. For this end, we stimulate the secretion by appropriate measures, or we employ artificial digestive agents, procured from outside the organism.

We know that there are agents which, in considera-

We know that there are agents which, in considerable quantities, excite inflammation of the coats of the stomach, and which, when taken in medicinal doses merely, increase the vascularity of the gastric mucous membrane, and so stimulate the flow of gastric juice. Such agents we possess in Arsenic and Ipecae, and certainly Alcohol. The action of the latter is often excellent is week directions either taken with the cellent in weak digestion, either taken with the food or as a fillip to the appetite immediately before for

Beyond these measures lies the use of artificial pepsine. Pepsine, if properly prepared, will digest albuminoid bodies outside the body. The pepsine of the pig or calf is potent within the human stomach. But, as pepsine only digests albuminoids in an acid medium, it is clear it must be given shortly after a meal. And from what has been said before, it is quite clear that in each case the medical attendant must distinguish betwixt the indications for giving maltine to digest starch, and pepsine to digest albuminoids. There is room for fear that this distinction is not invariably made as carefully as it ought to be made. Yet it is evident that in every case, such discrimination is necessary for its right management, and it will not do to give maltine or pep-sine indiscriminately. By careful attention to these different matters, clearly distinguishing the indications for treatment in each case, the difficulties can usually be surmounted successfully; but it is by no "happy-go-lucky" plan, or rather want of plan; which will enable the practitioner to so diet and treat these patients as to be generally successful. A chance success here and there may be attained, but systematic success can only oped for by systematic study of the subject.

All this time fat has never been discusse All this time fat has never been discussed. The digestion of fat is not effected, either by the saliva or
the gastric juice. It is a moot point, yet, how far some
portion of the fat in the stomach may not be broken up
into fatty acids and glycerine; and that these fatty
acids may aid the bile and the pancreatic juice in the
emulsionizing and saponifying of the rest of the fat.
But the digestion of fat takes place beyond the
stomach, to speak broadly. When the contents of the
acid stomach pass the partially-relaxed pyloric ring,
they come into contact with the bile and are rendered
alkaline. And then the action of the pancreatic secre-

indigestion of "imperfect disintegration." This form of dyspepsia is very amenable to treatment, and the indications are plain enough. Suitable food must alone to taken; mastication must be efficient and careful. If the teeth are decayed, the dentist must be consulted, and false teeth if necessary supplied. Practically, milk puddings, with or without stewed fruits; "steam cooked, crushed cereals, to be procured of leading grocers; fish, especially short-fibred white-fish; and the white fish of fowls, are to be preferred. Let the time spent at meals be sufficient for proper mastication, and the mixture of the saliva with the starchy or glycogenous matters of the food; by this last the starch is converted into sugar, which being soluble passes from

greatest digestive activity occurs. When the contents greatest digestive activity occurs. When the contents of the stomach pass into the small intestine, the pancratic secretion commences its operation. The remaining starch, unconverted into sugar, by the saliva, is acted upon now, once more; the albuminoids not already digested by the gastric pepsine are digested by the pancreatic trypsin, while the fats are emulsionized so that they can be taken up by the lacteals in the villi of the intestines.

Here, then, we have digestive activity in its most pronounced form. But of indigestion here, we as yet know nothing; we merely know that fat is not digested in certain cases. Yet there are some matters connected with the digestion of fat which are not made as much the subject of thought as they ought to be.

There is the broad fact that cod-liver oil, cream, but-

There is the broad fact that cod-liver oil, cream, but-ter, the liquid portion of fried bacon, are the most di-gestible fats; that these can often be assimilated when the ordinary fat of meat is not digested, and is turned from with loathing. Many a child will reject with dis-gust the fat of meat, so sweet and toothsome to many persons with good assimilative powers, and readily take cod-liver oil, admitting that the latter is not attractive by its taste. There is clearly something here in the albuminoid envelope of the animal fat. Fat, as found in the bodies of animals, consists of connective cor-puscles crammed with fat globules. Before such fat can be digested, the albuminoid envelope must be re-moved. How far this film of connective tissue inter-feres with the digestion of the fat contained in it, we cannot yet say. But the facts stand in a very sugges-tive relationship.

Now what means have we for influencing this portion of the digestive act? Again we may stimulate the pancreas, or fall back upon artificial pancreatic secretion. For the purpose of stimulating the pancreas we possess one agent alone of which we as yet have any knowledge. This is sulphuric ether. Dr. Balthazar knowledge. This is sulphuric ether. Dr. Baithazar Foster, of Birmingham, first brought forward ether for this purpose, giving it with cod-liver oil, where the oil alone did not seem to be assimilated. This work has been corroborated by the report of a commission appointed in the United States of America to investigate the matter. It is certainly a measure well worth trial

in cases where pancreatic digestion is impaired.

Then there is the use of pancreatic secretions obtained from that useful omniverous animal, the pig. These, if well made, are of great potency, and are not objectionable in taste. We all know that Dr. Horace Dobell has long had before the profession a "Pancreatic Emulsion" for the treatment of phthisis especially. There can be little if any doubt about the fact that it is the imperfect assimilation of fat which impairs "inter-stitial digestion" in the body. This impairment gives us those modifications of nutrition which are summed up in the word "struma."

We know that if we can manage to enable a patient with pulmonary phthisis to digest and assimilate codliver oil, tissue nutrition becomes so altered that the development of tubercle is usually arrested. That is, we have once more given to growing tissue that fat which is essential to healthy formation. Call growths of tubercle by what name each man pleases, Virchow's

of phthisis; and it is desirable that the doctors who sing the praises of different health resorts, should know a little more of general medicine, and be a little less taken up with the atmospheric disturbances, and the mere number of hours of sunshine of different localimere number of hours of sunshine of different localities. For instance, a young lady was sent to Davos the winter of 1878-79, and came back considerably improved She after that came under my notice professionally, and I put her upon a course of pills, containing Arsenic and Iron. On this she improved nicely, and I insisted upon her continuing the medicine during her stay at Davos last winter (1879-80), so as to derive the maximum benefit for the heavy expenditure. But when she got to Davos her doctor stopped the medicine without any communication with me in the matter. What are the consequences? She comes back in such a condition that her mother gives her the pills again, on which she soon improves. Now will any reasoning being believe that if that course of Arsenic and Iron had been continued during the stay at Davos, the girl would not have been all the better for it?

In tissue malnutrition, it is not sufficient to merely In tissue malnutrition, it is not sufficient to merely order cod-liver oil and change of air, as is evident by what has gone before, but to first see that the digestive and assimilative processes are going on properly; that the food contains the requisite quantities of nutritive power, with ready disintegration; that the natural digestive ferments are encouraged, or supplemented by artificial ferments; and then comes the question of the assimilation of fats. The last is the crowning-point of the therapeutic edifice, not its foundation. It should not be the first thing done to order the cod-liver oil liver oil. not be the first thing done to order the cod-liver oil, but to lead the organism up to its ready digestion, and ultimately to that of other less digestible but more stable fats.

Then it is of the utmost moment always in disease to watch the condition of the tongue and humors of the stomach. However capricious the latter, it must be humored and conciliated; and whenever the tongue becomes denuded of its epithelium, or is covered with a layer of dead epithelium, the plan of treatment must be at once suspended; and if nausea or eructations fol-low the oil, then for a time it must be withheld. No matter how tantalising to see a satisfactory progress checked, submission to the stomach is essential; to pursue the same line when the stomach is disturbed is not good generalship. To retire for strategic purposes, is not always the equivalent of defeat; it may be a wisc and prudent manœuvre. Very often, indeed, the result of a case hangs upon the readiness with which this strategic manœuvre is executed. It is to be feared that the clinical skill of a generation or two ago in these matters of apparent minutise, have been largely forgotten by a new who strated in the state of the strategic matter. ten by a race who study disease in the dead-house, and who look at tissues, healthy and diseased, too exclusively through a microscope.—London Practitioner.

THE CRAYON FEU.-The Paris correspondent of Science, March 5th, makes mention of a little instrument recently invented by Dr. Moser, which is attracting con-siderable attention. It is called the *crayon feu*, and we have once more given to growing tissue that fat which is essential to healthy formation. Call growths of tubercle by what name each man pleases, Virchow's broad view that tubercle is a growth of connective tissue corpuscles degraded in quality, while produced in great quantity, is the one to hold in order to best grasprethe subject from its therapeutic aspect. What we have to attempt to do, is to give to the tissues the fat without which they are not healthy. Now the perusal of the foregoing remarks will tell every reader—him that reads and runs, as well as him who reads slowly—that in the treatment of tissue malnutrition, whether of phthisis or some other form, there are many points to be attended to, beyond ordering cod-liver oil or change of air. The last, as being directed almost solely to the effect of the inspired air upon the lining membrane of the directly into the wond, and the cauterization is over before he is able to feel any definite pain. A little wooden or metal cover is placed over the pencil when it is not in use, and at the other end is a small receptacle for the peculiar kind of wax matches which are required to light it. The orayon feu can be carried in the vest be attended to, beyond ordering cod-liver oil or change of air. The last, as being directed almost solely to the effect of the inspired air upon the lining membrane of the advantages of such an instrument are obvious in cases where instant cauterization is advisable, as when a person has been bitten by a mad dog, or, in-

#### CLINIOUE.

#### RETROVERSION, WITH UTERO-RECTAL ADHE-SIONS, SUCCESSFULLY TREATED.

By E. P. BANNING, SR., M. D., NEW YORK.

To all practitioners who have a large experience in uterine displacements, this phase of them must be familiar; and, when the adhesions are well confirmed, usually the following conditions will be found to exist.

\*\*First.\*\* The uterus will be found in a state of simple

retroversion, uncomplicated with uterine flexions; as a state of flexion will so materially diminish the horizon-tal space which the verted organ occupies as to forestall

esion from uterine pressure. uterine pressure upon the vascular and nervous circula-tions in that locality, and partly from the irritative effect of such an unnatural pressure, there is usually such a hyperesthesia, not only of the locked uterus but also of the vagina and vulva, often, as to preclude any

attempt at reposition per the vagina.

Third. There will usually be found an enlarged, elongated, and congested condition, caused by the reactive pressure of the sacrum against the retroverted fundus, thereby inducing venous congestion.

ereby inducing venous congestion.

Fourth. An examination of the rectum will show the uterine fundus to be more or less forcibly crowding upon the rectum, and sometimes forcibly closing that

upon the rectum, and sometimes forcibly closing that canal, and in most cases causing intense pain during the passage of even fluid dejections. The extent of suffering consequent upon these condi-tions is always great, but must vary with the tempera-ment of the patient; and is always so great as to de-

d its removal by any safe means.

mand its removal by any safe means.

But this, of course, involves the breaking up of the adhesions—an operation which consists of tearing apart two firmly-adherent peritoneal surfaces, with the chances of serious, not to say fatal, peritoneal inflammation; and we have to settle the question of abandoning the sufferer to a life long and hopeless suffering, or of giving her the chances of the operation. On this latter point, so far as I know, the weight of eminent authority is against the latter. But nevertheless, I have determined to give the sufferer the chance, and now offer to the profession the highly-gratifying results of my first four cases.

four cases.

CASE 1. Mrs. J., Lexington Avenue, N. Y., was directed to me by Dr. Lewis Sayre. She entered the room under great local and general distress, and sald, "Can't stand this any longer?" She complained of constant agony through the sacrum, and suffered with ischuria; and during defecation all the intra-pelvic tissues were hyperæsthatic; the retroverted uterus totally immovable; the rectum was filled by the pressure of the uterine fundus and a slight effort to reposit the organ showed a manifest adhesion.

the organ showed a manifest adhesion.
In this case, I had no alternative but to operate; and placed the woman in the knee-face position, caused the abdomen to be drawn forward, and with the two foreand with the two lorseningers of my right hand in the rectum I forcibly lifted (or boosted) the fundus up and forward, by long and continued force, till I began to be discouraged; when suddenly I felt the organ rise to a vertical position, and a vaginal examinatian showed that I had succeeded.

This done, it only remained to retain the organ in situ, which was readily done by applying the abdomi-nal and spinal shoulder-brace, which effectully elevated the viscers from the uterus, and left me with only the the viscera from the uterus, and left me with only the simple two ounces of uterus to support. This latter I accomplished by inserting the uprine balance, which passes up behind the uterus and, like a crutch, supports the cul-de-suc and forces forward the fundus, and, with its fore part, so engages the advanced cervix as to drag it back to its normal position in the center of the pelvic This done, the old suffering instantly disappeared. But the dreaded soreness of the two separated peritoneal surfaces appeared, but yielded readily to quiet and antiseptic treatment.

Antiseptic treatment,

CASE 2. Mrs. H. was placed in my hands by Prof.

Stephen R. Smith. Her uterus was immovably fixed,
between the sacrum and pubes, in a retroverted state,
and was greatly elongated and enlarged, with an intense
sensitiveness, both of itself and all the surrounding tissues. Every fluid dejection caused her to scream.

sues. Every fluid dejection caused her to scream. For two months she had been kept upon heavy doses of Morphine. Dr. S. informed me that very distinguished counsel advised constant "recumbency for six months, with leeches, scarifications, and glycerine, to reduce the size and congestion, hoping by these means to be able to reposit the organ." But seeing no hope in that direction, as the adhesions were becoming more and more firm, I determined to operate at once; and, with the abdomen well drawn forward by Dr. S., with with the abdomen well drawn forward by Dr. S., with a powerful elevating force in the rectum, below and behind the fundus, we succeeded in breaking up the adhesions, and afterwards in retaining the organ in situ, by the application of the abdominal brace and the uterine balance, just as in Case 1.

The relief from suffering was complete, and the pretty severe rectal and uterine tenderness which resulted, passed readily away in due time, with no un-

CASE 3. Mrs. B., of Philadelphia. In this case the late Prof. Pepper had pronounced the rectro-uterine adhesion to be hopeless, and abandoned his old patron and professional admirer to her suffering fate. But, as her condition could not admit the thought of any intercourse, her husband insisted on her consulting me; but, under the circumstances, I refused to meddle with the case unless it was placed in my hands by Dr. Pepper, which was promptly done, but not without a repetition of his unfavorable prognosis.

It this case I used aniesthetics, which was applied by Dr. Woods; and Dr. White rendered other valuable as-

sistance during the operation, which was performed with the lady on her left side. The adhesion was very obstinate, and was operated on by force through the rectum; but at length it yielded, and the uterus was retained by means of the external brace and internal balance combined, as in the other cases. The resultant soreness of the rectal and uterine surfaces was very annoying, but, as in the other cases, yielded to treat-ment readily.

After the patient's full recovery being assured to Dr. Pepper by Dr. J. White, Dr. P. gave me his pleased congratulations; yet, nevertheless, in his lecture on this subject, and this particular case, he closed by saying: "Gentlemen, in this case Dr. Banning has succeeded; but, so serious are the liabilities in such a case, that I

recommend to you never to try it."

CASE 4. Miss W., an unmarried lady, from Mexico,
N. Y., whose health had run down very low after many
efforts to break up a recto-uterine adhesion, and who had been professionally assured that an effective opera-tion would result in death, came to us, but we declined to operate until she said; "I've come to be cured or be

taken home in a box.

The operation was successful, although the adhesion must have been more confirmed and obstinate than my other cases had been, as the resulting hæmorrhage from the uterus were for a time quite profuse; yet, on the whole, they evidently were an advantage to the patient, as her recovery was more rapid, and attended with far less tenderness than was that of the other cases.

Thus, then, with this uniform favorable record, I feel called upon (all things equal) to give these forlorn suf-ferers the benefit of the operation under proper limita-tions; and it now only remains to remark:—

1st. That I never delay the operation an hour on ac-

count of inflammation, tenderness, or enlargement, as all these are contingent to the locked condition of the

uterus betwixt the sacrum and the pubes, and will readily disappear on restoring the uterus to a vertical position, and will never do this in its locked condition.

2nd. That an anæsthetic should always precede the

3d. That an anæsthetic should always precede the operation.

3d. That no violent or fitful force must be used, but on the contrary only a prolonged and steady one; and that force to be watched, and the vagina to be supported from within it by one or two fingers of the right hand.

4th. That a flat elevator, with its handle so carried as to prevent the two hands interfering with each other, is the best means for the proper force in these cases.

And lastly, the progress and effect of the force must be narrowly watched with the fingers of the right hand, lest possibly there might be made a rent in the rectum or vagina.

#### WHARTONIAN CALCULUS, WITH ENCYSTED TUMOR OF SUBMAXILLARY GLAND.

BY W. E. PUTNAM, M.D., HOOSAC, N. Y.

The following case, which came under my care, may be of interest to the profession, owing to its rarity and the difficulty of diagnosis.

Mrs. R. M., et. 42, about six years ago noticed a slight enlargement in the region of the submaxillary gland (right side). To this she paid but little attention, until ahe discovered its gradual increase in size. For the first three years the growth of the tunner was incomised but three years the gradual increase in size. For the first three years the growth of the tumor was inconsiderable; since then, up to June 1, it has assumed greater dimensions, extending nearly to the clavicle. Upon examination I found the enlargement semi-fluctuant. An examination of the buccal cavity revealed the whole course of nation of the buccal cavity revealed the whole course of Wharton's duct tumefied, and to the right of the fremum linguæ I detected a hard, round substance, which I diagnosed a salivary calculus. She complained of no special symptoms, except a sensation of pressure after eating, due, probably, to an accumulation of saliva which could not escape. She had been treated by several physicians, with more or less benefit to her general health; but now the tumor had increased in size, to such an extent as to cause considerable neuralgic pain, and vomiting—or inclination to vomit—after eating. The recumbent posture, with the tumor tightly bound, seemed to be the more comfortable to the patient. The foregoing symptoms I concluded were due to pressure on the pneumogastric or recurrent laryngeal nerve, or both.

toms I concluded were due to pressure on the pneumogastric or recurrent laryngeal nerve, or both.

Treatment.—On June 7, the patient being fully ancethetized, I made an incision over what I supposed to be a calculus, and extracted one weighing 8 grains, oval in shape. I endeavored to pass a fine probe into Wharton's duct, for the purpose of gaining a passage for the submaxillary secretion; but was unable to do so. I considered it better to wait a few days. Finding no natural discharge of saliva, on June 12, an anæsthetic being again administered, I dissected the tumefied tissue as far back as possible. Still the tumor did not diminish. On the 16th I aspirated, drawing away three ounces of fiuld, possible. Still the tumor did not diminish. On the 16th I aspirated, drawing away three ounces of fluid, which was nearly all albumen. I again aspirated on the 18th, drawing away two ounces, greatly to the patient's relief. On the 20th aspirated again, and injected a solution of Iodine and Glycerine. There was no need of a second injection, the patient becoming entirely cured.

The deductions which might be drawn from this are:

Probably the nucleus of this calculus was a piece of con-

The deductions which might be drawn from this are: Probably the nucleus of this calculus was a piece of consolidated mucus, around which earthy salts were deposited. The duct being thus obstructed, sub-acute inflammation was the result, eventually occluding the whole duct. The gland continuing its function, saliva was secreted but not evacuated, and from constant irritation an exudation of liquor sanguinis, or hydrocele fluid was thrown out, causing the peculiar appearance. The treat-ment being analogous to that of the radical cure of hy-drocele, and being perfectly successful, would lead to that belief.

#### ARNICATED EXTRACT OF WITCH HAZEL.

BY A. P. THROOP, M.D., POUGHKEEPSIE, N. Y.

The appearance in the June number of THE MEDICAL Times, of Dr. Oehme's article, entitled "Extract of Hammanelis in External Injuries," has induced me to execute my long delayed purpose to give some clinical experience with a combination of the two excellent remedies contrasted in Dr. Oehme's paper.

The preparation employed is the "Liebig Company's Arnicated Extract of Witch Hazel."

Arnicated Extract of Witch Hazel."

Case 1. An active young man had hadly sprained his ankle by turning it on a rolling stone on which he had planted his narrow, high heel.

Some little experience, both in ordinary practice and as Examiner of Injuries for the Eric Railway Co., had taught me not to promise a speedy cure in these cases and so I gave the young man a guarded prognosis, but used the "Arnicated Witch Hazel" employing a bandage for support and advising the elevation of the limb to a horizontal position. The swelling and pain began to subside at once, and the next day but one the patient was at his usual business, nor was there any further inconvenience from the sprain which had given all the signs of being a severe one.

Case 2. During December, 1880, the streets of our city for an unusually long period were sheeted with a glare of ice causing many dangerous falls. A gentleman who had met with a second very severe fall in the man who had met with a second very severe fall in the same evening, sitting down so hard as to make an astronomer of him, (for he said he saw stars), presented himself for advice, complaining of pain in the nates, small of the back, and back of the head and neck. He was bathed along the spine and about the nates liberally, and a solution of ten drops to the glass of water, a teasponful every hour, was administered per ore, that evening and once in three hours during the following day.

The symptoms of concussion of the spine were speedi-

The symptoms of concussion of the spine were speedily mitigated, and, though there was something of the secondary soreness, it was much less than was expected, and all ill effects of this serious injury passed away in

a few days.

Case 3. A lady who would not trust her servant to clean her fine silverware, was accustomed to suffer from a lame right shoulder for a week or more after the silver cleaning. A liberal use of Arnicated Witch Hazel with thorough friction in its application on the evening of the day on which the cleaning was done, obviated the week's lameness completely.

I have been pleased with its use as an evening lotion for those afflicted with inguinal hernia or varicose veins.

veins

veins.

This preparation I have found to be one of the best local ovarian and uterine applications. Combined with glycerine or vaseline and applied directly to the uterine cervix by means of a dossil of prepared cotton or lint, or used as a vaginal injection in those cases of uterine congestion, aggravated by long walking or standing, it is a thousand times nearer a specific than than the everlasting, indiscriminate rul treatment of the old school empiries with whom the tincture of Iodine is as much the fashion now as was formerly the use of Nitric Acid or Nitrate of Silver.

Prepared as for uterine use and applied with the

as for uterine use and applied with the Prepared as for uterine use and applied with the smeared little finger or by means of a good pile applica-tor, it is almost a specific for hemorrhoids either exter-

nal or internal.

nal or internal.

Though some of our ambitions young laryngologists may think I am poaching on their stamping ground, I will hazard the statement that nothing in the tannin, alum and mucurial applications, so common now, will approach in efficiency "Arnicated Witch Hazel" in those cases of pharyngitis characterized by venous congestion indicated by the purple or dark blue color of the fauces and those cases of frequently accompanying laryngitis which are aggravated by vocal exercise.

My opinion coincides with that of Dr. Hornby, resident of the Duchess County Hom. Med. Society, President of the Duchess County Hom. Med. Society, who, at its last meeting in some remarks upon new remedies said: "My experience with Arnicated Witch Hazel has led me to give it a decided preference over the tincture of Arnica or the extract of Witch Hazel as it is more efficacious than either of them alone."

In all of the instances given, though beneficial at all stages of the conditions under treatment, the most brilliant results are obtained where the application has been made early and with the most scrupulous fidelity.

#### COMPOUND PRACTURE OF THE HUMERUS, WITH FULL RECOVERY.

BY WALTER Y. COWL, M.D., Professor General Pathology and Morbid Anatomy, N. Y. Hom. Med. College.

August 5, 1880, Willie V'R—, a healthy lad, et. 15, fell from a tree a distance of about twelve feet upon the bare earth, striking in his descent an inclined brace

to a stationary swing frame.

Crying out as he fell, and also after falling, he was picked up at a distance of six feet from where he struck, but on the opposite side of the swing frame, having rolled over and over between the two posts, as indicated by the dirt on his coat.

Conscious immediately after the fall, but oblivious of how he fell or struck. Severe pain in right shoulder

of how he fell or struck. Severe pain in right shoulder on being moved.

Search showed a ragged hole in the shoulder of his stout blue jean shirt. Some blood about the opening. No tear in coat. Arm limp. Hæmorrhage insignificant, soon ceasing. Shock slight. Continued to groan with pain. Cold compress applied by Dr. Jones, of Mt. Vernon, the family physician.

Writer called to take charge of case. Arrived five hours after injury, and made a hurried visit. Patient on his back. Right arm supported by a pillow, with cold compress applied to neighborhood of wound. Some swelling of shoulder. Found a circular lacerated wound about ¾ in. in diameter and ¼ in. to the outside of anterior border of axilla. No contusion or ecchymosis at wound or elsewhere on body except left knee. Perforation of integument of shoulder evidently produced from within outwards. Shortening of arm of 1¼ in. from acromion to olecranon. With patient under primary ansesthesia by chloroform, introduced little finger into wound and quickly discovered fracture through or below the tuberosities.

Lower fragment displaced strongly upward and inward and somewhat forward into wound by pectoralis, deltoid, biceps, etc.

deltoid, biceps, etc.

Upper fragment was felt displaced strongly outward and backward by the scapular muscles. Palpation of the upper fragment through the wound was prevented by the intervention of the lower fragment. The fracture was apparently somewhat oblique from before, backward, outward, and downward.

Hemorrhage on manipulation slight. Ordered application of warmth. Gave Arn. 8, and administered Morph. sulph. gr. 1/4 hypodermically, and left by train after a short visit.

Aug. 6. Concurring fully in parents' suggestion of counsel, called Prof. Doughty, who examined and diag-nosticated fracture of neck of humerus just below the tuberosities and above insertion of pectoralis, and advised

shoulder-cap and extension.

Aug. 7. Not finding ready-made shoulder-cap, took pattern from sound side and fashioned one of lacquered

pattern from sound side and fashioned one of inequered cloth-covered paste-board.

Gave chloroform and applied splint with adhesive straps and roller bandages encircling the body.

Extension was applied to the arm in the usual manner by adhesive plaster, roller bandage, board, rope, pulleys attached to the side of the bedstead, and depending sandbag. Counter extension made by muslin straps from the

head-board to stout jean drawers pressing mainly upon the perineum.

A week's trial demonstrated the necessity for an al-ready-moulded felt shoulder-cap. After much search, the last one on hand was obtained of an instrument maker,

To prevent the inward dislocation of the lower frag-ment, as well as to aid in obtaining the necessary immo-bility, a Richardson's splint\* was also applied. This served to throw the lower fragment outward at

the sear of fracture, while the entire encasement of the arm by the shoulder-cap and the rubber splint made it easy to fix the fragments with the desired immobility, the lower fragment being also prevented from motion by the firm attachment of the two parts of the rubber splint to each other.

A broad piece of adhesive plaster was fastened around the arm splints at the upper third of the humerus, and carried backward and around the body, to correct the strong forward displacement of the upper end of the lower fragment; while the lower end of the arm was brought e arm was brought somewhat forward and inward by a bandage first encir-cling the arm and then going forward and around the waist, in order to further insure the action of the adhesive strap above.

Extension was kept up by means of the sand-bag, which, beginning at 7 pounds, was within a week increased, little by little, to 10 pounds—the maximum point comportable with comfort.

Within a few days the strong tendency to dislocation of the lower fragment inward, by the pectoralis, had so compressed the cotton wrappings, etc., as to be very ap-parent on careful examination and measurement. To parent on careful examination and measurement. To obviate this—to push the upper end of the lower fragment out in proper coaptation with the very short upper fragment—cotton was stuffed in between the body piece of the rubber splint and the chest wall, to a thickness of an inch and a half in the axillary line.

The wound was syringed one or more times a day with a strong solution of Calendula tincture and Carbolic acid,

a strong solution of Calendula tincture and Carbolic acid, and dressed with Balsam of Peru upon lint.

By close daily examination and measurement of the positions of the splints of the tightness of the straps, the general appearance of correct coaptation, and by the frequent sewing up and shortening of the straps (which necessarily stretched under the great strain), by the stuffing of cotton, addition of sand, tightening of counter extension, and close attention to proper treatment of the wound, the patient, upon examination by Prof. Doughty, was found, at the end of six weeks, to possess an arm of exactly equal length with the other, with a wide range of passive motion, and even some active power.

The callus was firm and moderate in amount. The wound was small and simply availing the extrusion of

wound was small and simply awaiting the extrusion of a small exfoliation, which was soon followed by the closing of the sinus.

A system of gymnastic exercises was devised for the patient, in order to restore the circulation and vigor of the parts so long unused, and to break up the matting of the muscles, etc., around the wound and seat of fracture.

Passive motions in all directions to the pain limit were performed by the mother, after thorough massage with oil, three times a day. The patient's nutrition was kept at its highest point, as, in fact, it had been previously. Within two weeks the boy could use the arm for common purposes, and soon resumed his former facility in performing upon the plane and overse.

After a lapse of six months the only restricted motion is that of threwing upward; all others are as powerful as with the other arm, and some of them more so. For common uses he prefers the right arm, as before the accident.

This apparatus is composed of two curved pieces of ferfile sheet vuicanite, about one-streenth inch thick, it of which half-encircies the inner side of the arm, from third up to and partly over the shoulder, while the la applies itself to the lateral regions of the chest. The two priveted together. An axiliary paid separates them at the up

In appearance the shoulders are exactly the same, ex-

In appearance the shoulders are called.

cept for the scar. The arms hang alike.

The callus has subsided, with the exception of a small projection in the line of the former sinus, where there alignet tenderness on pressure.

The cicatrix, remains a slight tenderness on pressure. The cicatrix, in extent is about 34 in. vertically by 34 in. transversely, and is still attached at its upper portion to the deep parts, although mobile over them. All dimpling has disap-

We attribute the unusual and complete success attained, to careful daily examination during the process of repair, frequent slight readjustment of stretching bands, maximum extension, and the use of the Richardson splint in connection with a stiff shoulder-cap, fully as much as we do to a correct coaptation of the fragments in

the first place.

#### A FLEXIBLE EUSTACHIAN CATHETER.

BY W. H. WINSLOW, M.D., PITTSBURGH, PA., Oculist and Aurist to the Pittsburgh Hom. Hospital.

Eustachian catheters are instruments for insertion through the inferior meatus of the nose into the mouth of the Eustachian tube, in order that contact may improve the nutrition of the mucous membrane, and air and medicinal agents may be introduced into the cavity of the tympanum. They are made of hard rubber and coin silver, which materials are well adapted to the pur-poses they have so long served. Every aurist knows the frequency with which slight

bleeding is caused by the most careful introduction of these instruments, and I have had occasion many times to file off the sharp edges of the beak in new sets, in order to save the feelings of hypersensitive patients, and to avoid abrasions of the tender naso-pharyngeal mucous

membrane,

It occurred to me that a catheter of soft rubber, sufficiently firm to answer most purposes, might be manufactured, and, owing to its soft beak and easy flexibility, be inserted without any of the discomfort and damage

incident to the unyielding ones.

I communicated with Messrs. G. Tlemann & Co., the eminent and ingenious surgical instrument makers, of New York City, who immediately set to work and pro-New York City, who immediately set to work and produced a catheter according to my suggestions. It corresponds in shape and dimensions with the medium sized Eustachian catheter furnished in sets, is stiff enough to be handled easily and to retain the nozzle of a syringe, or the tip of Politzer's air-bag, yet, is so soft and yielding as to glide over obstacles and do no damage to a tender, granular mucous membrane. It works beautifully, and its merits will commend it to every aurist. The manufacturers will hereafter keep it in stock, and it will be designated in their catalogue as "The Flexible Eustachian Catheter."

INJURIOUS EFFECTS OF RED VULCANIZED RUBBER PLATES IN DENTISTRY.—There are two serious objections to the use of this material, composed, as it is, of bisulphuret of mercury and sulphur, viz.: loss of bony substance from undue absorption, caused by the retention of heat under the plate; and the poisonous effects of the coloring material, which constitutes one-third of the whole plate.

The first of these is the least serious of the two, but affects all who wear it, only in different degrees. I have never yet seen a mouth where this material has been worn but there were evidences of undue absorption, and thousands of mouths are ruined by it, for absorption goes on until there is no "process" left, and no ridge, or only a flexible one of thickened membrane. The effect produced by the coloring material is far more serious, produced by the coloring material is far more serious, although not so often realized, because it seriously affects the health of the patient. (L. P. Haskell, Chicago Med. Jour. and Exam., Jan., 1881.)

THE COTTON-PELLET AS AN ARTIFICIAL DRUM-HEAD.

—Dr. H. Knapp contributes an interesting paper on this subject to the Archives of Otology for March. He states that, while personally he has not had much good luck with the rubber disc of Toynbee, the cotton pellet has given him great satisfaction, and that other observers have had the same experience—especially Troltsch, who in the latest editions of his invaluable text-book says: in the latest editions of his invaluable text-book says: "Since becoming acquainted with Hessenstein's little cotton forceps. I have almost completely abandoned the use of the artificial drum-membrane proper," Dr. Knapp corroborates his statement by the full history of four cases, the first of which he regards as "probably more conclusive than any one on record." The points he desires to make are summarized as follows:

1. Cotton-pellets moistened with glycerine and water (1:4), and worn as artificial drum-heads, are a great aid to hearing in many cases of partial or total defect of the natural drum-head, with or without otorrhœa.

2. Their therapeutical action in arresting profuse dis-

Their therapeutical action in arresting profuse discharge on the one hand, and preventing the mucous membrane of the drum-cavity from drying up on the other, is most valuable.

They protect, like the natural drum-heads, the deeper parts of the ear against injurious influences of the atmosphere.

4. In some cases they are quite indispensable, and may be worn for a life-time with permanent comfort and

5. In other cases they are needed only periodically, according as the copiousness of the discharge or the exsiccation of the mucous membrane requires their action in

the one or other direction

The period during which a pellet may be left in the ears varies with the condition of the parts. They should ears varies with the condition of the parts. They should be changed frequently, i. e., every day, or every few days, so long as the discharge is considerable. They should not be worn at all when the discharge is abundant and offensive. When there is no discharge they may be left as long as they are comfortable and the hearing is good. So far as my experience goes, they are apt to become unclean in a week or two. Then they ought to be removed, the ear cleansed, either with dry cotton, or cotton steeped in warm soap-suds, and new pellets in troduced. troduced.

7. The management of the ear-disease should remain in the hands of the physician until a stationary condition, either of slight or no discharge, has been reached. During the time the patient is under treatment, he can be taught how to cleanse his ears and remove and replace the pellets.

TREATMENT OF FRACTURES.—An advance in the treatment of fractures has been made, in the recognition of the fallacy of the provisional or temporary dressings, which defers the permanent adjustment of the fracture of the frac and the application of apparatus until the inflammation and swelling have subsided. This old practice was based on the theory that substantial repair does not be-gin until several days after the injury. The teaching of based on the theory that substantial repair uses and gin until several days after the injury. The teaching of modern surgical pathology and practice shows that repair commences immediately after injury; and the sooner the fractured limb is adjusted and placed in a fixed apparatus, the better it will be for the patient's comfort and the general reparative process. The proper course and the general reparative process. paratus, the better it will be for the patient's comfort and the general reparative process. The proper course is to fix the bones in as perfect apposition as possible, and keep them in that position until repair takes place. The great improvement is in the use of plastic splints. The several varieties of these are plaster of Paris, starch and liquid glass. Of these the plaster of Paris is the best. It is cheap, light, easily adjusted, and dries quickly. Cotton batting, used next to the limb, protects it, and leaves room for the swelling. Repair goes on, and confinement is avoided. The danger of shortening is lessened.—Dr. R. C. McCleod, Med. Herald, Feb., 1881.

Picric Acid is recommended as an antiseptic.

## New York Medical Times.

A MONTHLY JOURNAL

MEDICINE, SURGERY, AND COLLATERAL SCIENCES.

EDITORS:

EGBERT GUERNSEY, M.D.

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#### NEW YORK, AUGUST, 1881.

"A regular medical education furnishes the only presumptive evidence of professional abilities and acquirements, and obust to be the ONLY ACKNOWLEDGED ROUTE of individual to the exercise and honors of his profession."—Oode of Medical Ethics, Amer. Med. Am., Art. Iv., 80c. 1.

#### THE LESSON OF THE HOUR.

The nation and the world has had, during the past half century, no grander sermon or more practical lesson than has been preached from the Executive Mansion at Washington during the past few weeks. Not only every nook and corner of our own land, but every civilized nation in the world, has felt the influence which has gone out from that sick-room, where the chief of a great republic, struck down by the bullet of an assassin, lies weak and suffering, with the shadow of death ever over his threshold.

For a time the curtain has been drawn, and we have looked into the inner sanctuary of the home of the chief of a republic whose thirty thousand churches and fifty millions of people day by day send up their prayers for his recovery. Springing from the people, surrounded in childhood by none of the advantages of wealth, but with a simple, honest heart, and a manly, unselfish nature, he has mounted step by step the ladder of power until he has placed his foot upon the topmost round. What are called the dizzy heights of power, the blandishments of wealth, have not changed the purity and simplicity of his nature, have cast no chill breath, no shadow over that home where the affections predominate, and whose blessed harmonious influences ever keep the heart warm, pure, and fresh. Blessed is the nation whose rulers find, in the sweet and peaceful influences of home, strength, coolness, and honesty of purpose in fighting the great battle of life. In the Executive Mansion to-day the nation sees the working of many of those elements which have made the President truly great, and have enabled him to battle successfully with death. We see a mind trained in an atmosphere of unselfish affection, drawing its sustenance and inspiration from the wells of science, from the riches of ancient and modern literature, and from the inexhaustible wealth and purity and beauty of nature; a brain and physical frame developed on healthy food, free from those poisonous influences which taint the blood, disorganize the brain, fill our legislative halls with the wrangling of diseased minds, crushing

out the ambition, the manhood of our young men, sending them to early and often dishonored graves.

Are we wrong in saying if some of our legislators had been struck by the bullet which wounded the President, their heated and diseased blood, their nervous organization weakened by overstimulating, would have opened wide the door for death, who would have entered and taken possession with scarcely any resistance? We believe the healthy organization of the President, made so by his previous habits of living, his plain and simple life, his mental training, and the atmosphere of home affection by which he was surrounded and in which he lived, were the great factors which enabled him to fight so manfully and so triumphantly with death. Are we not right in saying that this lesson which comes from the White House is full of significance? Would to God that every man and woman through the length and breadth of the land would ponder it well, and learn that the great avenue to that greatness which will live, to that happiness which will bloom in fragrant beauty and bear rich fruit, is in that healthy mental and physical training which can alone evolve an harmonious life.

Another lesson, indicating the progress of the times, and which we trust will bear rich fruit in the future, is the singleness of purpose and the perfect harmony and unity of action with which the physicians addressed themselves to their task. Representatives of different schools of medicine stood side by side by what was feared might be the death-bed of the President. Forgetful of self, anxious only for the life of their patient, with no thought of what the world might say, or the criticism of their brethren in the profession, they calmly, without undue haste and with perfect coolness, and that scientific intelligence which comes from careful study and long training, investigated the character of the trouble and marked out the line of treatment. Feeling the immense responsibility resting upon them, they wisely, at different stages of the treatment, sought the advice of Dr. Hamilton of New York, and Dr. Agnew of Philadelphia, whose experience and judgment in cases of this kind are second to none in the world. In every instance the action of the attending physicians and surgeons was fully indorsed. From the commencement of this case all through its progress the President has been treated with the utmost skill and nursed with the most intelligent care. There has been no meddlesome surgery, imperiling the life of the patient, and the treatment has been eminently wise and scientific. It is fortunate for the nation and the President that his medical advisers have been so intelligent and conscientious in the discharge of their duty, and so free from false dignity and professional jealousy. There is every reason to believe the President will recover, but whatever may be the issue, a moral lesson has been taught which will never be forgotten.

THE Legislature of Connecticut has enacted that any transient person, not an inhabitant of the State, who shall treat any disease or injury shall be fined \$25 per day for each day that he shall exercise his profession without a license. The fee for a license is \$20 per day. Another attempt at legislation which fails of its purpose!

#### ORIME AND PUNISHMENT.

In the current number of the North American Review Rev. Dr. Howard Crosby discusses crime and punishment; but fails, we think, in handling the subject with anything like the breadth and thoroughness which so important a topic demands. Dr. Crosby enumerates, among the principal causes of crime, the unrestricted sale of distilled liquors, and the apathy of the public, especially the officers in supporting the excise law. We very much doubt the correctness of these positions, but believe, on the contrary, the real cause of very much of the crime which exists in every community. includes the cause of intemperance itself. If you go back a few generations in the history of every criminal, of every man who gives loose play to his appetites and his passions, you will find, somewhere, a violation of nature's law, perhaps in defective brain, or physical nutrition and training, and especially in an unwise marriage in which the plainest psychological and physiological principles are violated, and the brain of the offspring changed in quality at least, and sometimes in conformation. The riot and the discord in the system produced by ignorant violation of nature's laws may be visited upon the children from generation to generation, and the unhealthy longings, the violent passions, and lack of harmony in the brain which lead to crime and intemperance can, in the majority of cases be traced back to hereditary taint and the transmission of mental and physical qualities from one generation to another. Two men, brought up side by side, with the same surroundings, and moral and physical training, find life actually different. With one there is an incessant battle with unhealthy passions, while with the other life glides smoothly, with scarcely a single mental contest. To the one the life current has flowed down from the past uncontaminated, while the other has been tainted with vice and perhaps crime. A work of a distinguished French savant recently published by Wm. Wood & Co., and translated by Dr. Fowler shows the peculiar organization of a large number of criminals and consequently how easy it is for them to fall into temptation. It is well enough to enact laws to prevent crime, but we should go further back than this to the healthy development of the human system, thus taking away the strong tendency to vice and crime. After all the keynote to the regeneration of the world is in the family, in the training there received, and in the pure and healthy relation between husband and wife and parents and children.

#### THE NATION'S PATIENTS.

A leading daily has egotistically arrogated to itself the settlement of the diagnosis and all the points of ethics connected with the case of President Garfield.

From our view, Secretary Blaine was the proper person to decide such matters as the selection of physicians, etc., at the time of the attempted assassination, subject to the approval of Mrs. Garfield when she should arrive. It is evident from what transpired afterward that Mrs. Garfield heartily assented to what had been done in her absence, and continued the course already marked out in the case, and that Drs. Bliss, Barnes, Woodward, and Reyburn were the men of her choice in this emergency.

When the attending physicians thought best, a consultation was asked with Drs. Agnew and Hamilton, a course both wise and highly satisfactory.

Because the people of the whole civilized world have taken such an interest in the case of our beloved President, is no excuse for the unbounded and often unfounded criticism of the medical treatment to which he has been subjected.

The attending physicians, replying to comments upon the fact that they did not attempt to remove the bullet on the day of the shooting, say that the President was quite too weak to withstand the shock of the operation; that his condition was not such as to warrant the use of anæsthetics, and that without them the shock incident to the operation would have been practically equivalent to another wound. Dr. Hamilton quite agrees with the attending surgeons that the conditions were not such as to warrant heroic treatment. If the present opinion as to the location of the ball is correct, that it is in the right illiac fossa, there undoubtedly will be an attempt to extract it.

Medical men at least ought to have sense enough to know that any attempt at advice in the absence of the patient is not only a violation of all decent ethics, but entirely worthless as to quality. There has been a great deal of this sort of voluntary assumption in regard to this case, and none have pushed their opinions more offensively than the journal above referred to.

Dr. Hamilton, from the position he occupies, with his excellent professional qualities, can be depended upon for sound opinions regarding the matter. He says:

"The President having got so far on the way to recovery—having passed the danger of shock, hemorrhage, peritonitis, and exhaustion—we have every reason to hope that he will not break down now that suppuration and the possible danger of pyzemia are to be fought against.

be fought against.

"The talk about the chills of Friday being unmistakable symptoms of pyzmia was all wrong. I have seen hundreds of pyzmic patients, and their appearance is not to be mistaken. The breath is sweet, like molasses. There is nothing of the kind about the President, and none of the pallor and none of the apathy to be noticed in pyzmia."

We now have, from the present aspect of the case, good reason to hope that the noble Roman and illustrious patient will be saved to us, for God's noblemen are not so plenty that we can afford to spare one of His best.

The name of James A. Garfield will go down to posterity as representative of that enduring purity and courage to be emulated by all who come after, and we may thank the Providence which shapes our ends that the terrible blow has so tenderly touched the popular heart, and brought out that sublime sympathy which always softens the harder nature; and makes our lives the better for living.

to the approval of Mrs. Garfield when she should arrive.

We have cause for congratulation that the noble It is evident from what transpired afterward that Mrs. help-meet was spared to nurse and cheer her wounded Garfield heartily assented to what had been done in her husband through the terrible ordeal of bodily pain and

the natural anxiety dependent upon a catastrophe of such moment, with complications of so grave a character. It has been with great regret that we have perused the sarcastic references to the choice of a physician in her own case, which have appeared in a Western contemporary! It is beneath the high calling of our profession to give utterance to such jealous and spiteful insinuations, for in this free country, of all others, the individual should have perfect freedom in the choice of a physician, and we know of no circumstances by which the President of the United States of America or his family should be excepted! Such intolerance belongs to the "Old School" ethics of the past, and we are thankful to say is now nearly obsolete.

The progress in the cases of the "Nation's patients" has not been without its professional bearings, which should teach lessons lying deep in the strata of social economy; but they are only to be recognized by such as can make an unprejudiced and an unselfish study; and to these we consign them.

Vive le Président!

## BIBLIOGRAPHICAL.

LECTURES ON DISEASES OF THE NERVOUS SYSTEM, ESPECIALLY IN WOMEN. By S. Weir Mitchell, M. D., member of the National Academy of Sciences, etc., etc.; with five plates. Philadelphia. Sciences, etc., etc.; with five plates. H. C. Lea's Son & Co., 1881; pp. 238.

This elegantly-written little brochure presents in a unique and novel manner the phenomena which every experienced practitioner has often observed, sometimes to his chagrin.

The author shows much skill and judgment in the manipulation and control of hysterical females, respect-

ing diet, exercise, rest, etc., and shows that great range of tact is necessary to the physician who attempts the management of these exceedingly intractable cases. The book abounds in the curious clinical cases which are sure to be found, at least in an extensive practice in

s evident in this case that no time has been devoted to the study of drug influences, in the direction of their individualization; and no author who lays claim to the title of scientist has a right to make deductions upon subjects of which he is perfectly ignorant. It would have been better if no mention whatever had been made of the therapeutic effect of drugs, for what is said under this head is utterly useless as a guide to ctitioner.

It is without the province of a review for us to at It is without the province of a review for us to at-tempt to define the principle upon which the author prescribes Strychnia in what he terms "functional spasm," as found at page 94; and we suggest that the reader peruse in conjunction with this article the one on the physiological action of Strychnia upon the healthy human body, as found recorded in every work on materia medica, and judge as to the ground at-tempted to be occupied by this drug as a therapeutic

We can but admire the skill by which individualiza-tion is reached, in respect to the moral and physical means to be employed in the affections under considera-tion, and regret that as much cannot be said for the medicinal !

The influence of drugs in treatment is dismissed with a nonchalance—already so familiar to students of Ziemssen's Cyclopedia—unworthy the present age of progressive scientific medicine.

We quite agree with the author that the term "nervous exhaustibility" is far more appropriate to certain cases than the erroneously applied term of "nervous exhaustion," and they should be distinguished.

A very interesting and original study of "chorea of childhood" is made, with regard to its season of greatest frequency, etc.—the maximum attacks, occurring in March, coinciding exactly with the greatest number of cloudy days, and the minimum in October coinciding with the minimum number of the latter; and the inferwith the minimum number of the latter; and the infer-ence is reached that the black is less liable to chores than the white

Under the title "Disorders of Sleep in Nervous or Hysterical Persons," we find reports of a number of clinical cases which correspond to what Dr. Searle terms "a new form of nervous disease." The author refers to his first publication on this subject, in the Va. Med. Monthly, of February, 1876, in which he describes much of the phenomena which were afterward recognized by Dr. Searle and others, and which are classified as hysterical

The author says the use of Ether in patients with grave hysteria is to be dreaded!

The book is well worthy a leisure moment.

A NEW FORM OF NERVOUS DISEASE. Together with An Essay on Erythroxylon Coca. By W. S. Searle, A.M., M.D., Fellow of the Medico-Chirurgical Society of New York, etc. Fords, Howard & Hulbert, 1881; pp. 188.

The author says: "The disease is characterized by two principal phenomena, one or both of which are always present in any case, and both of which are sure to occur ooner or later if the disease is not cured.

"One of these phenomena is a sensation of sudden shock, or blow, or explosion, in some part of the head. This is usually located in the occipital region, and is sometimes preceded by something similar to the aura of epilepsy. In many instances, however, no aura is experienced. The shock may also be located in other parts of the head. It is almost uniformly accompanied by intense vertigo.

The other distinctive phenomena is a condition of "The other distinctive phenomena is a condition of passive congestion, usually of the cerebellum only, but sometimes extending on the one side to the cerebrum, and on the other to the upper portion of the spinal cord. . . Absence of convulsions of any kind. . . . When the shocks occur during sleep, as they are very prone to do, the patient is roused from the deepest of shape to instant and wild consciousness." slumber to instant and vivid consciousness.

There seems to be considerable doubt in the minds of many, as to whether this affection should be dignified with a distinctive name, and it seems not a little curious that Prof. Charcot has never met with a similar case in his practice!

The author certainly deserves our thanks for having called attention to this train of symptoms in so practical a manner, and his clinical reports are worthy careful

ANATOMICAL STUDIES UPON BRAINS OF CRIMINALS. A Contribution to Anthropology, Medicine, Juris-prudence, and Psychology. By Moriz Benedikt, Professor at Vienna. Translated from the German by E. P. Fowler, M. D. New York: Wm. Wood & Co.: pp. 185.

Dr. Fowler has placed the English reader under ever-lasting gratitude for his efforts to place within reach so important a subject as is here treated.

It is not alone the medical man who is interested, and should become proficient in this department, embracing as it does the most delicate points of Jurisprudence. The work is well illustrated with numerous plates, drawn post-mortem.

TRANSACTIONS OF THE WORLD'S HOMEOPATHIC CONvention, held at Philadelphia, under the auspices of the American Institute of Homocopathy, at its twenty-ninth session, June 26th to July 1st, 1876. Vol. I. Minutes, Essays, Discussions

It is with very great pleasure and satisfaction that we announce the reception of this volume, which completes the report of the above-mentioned convention, and our

the report of the above-mentioned convention, and our only regret is in its delay.

One cannot glance over its eleven hundred and seventeen pages without being struck with the eminently practical and scholarly character of its contents, the whole standing as a well-defined monuvaent to indicate the progress of "our school" in the direction of scientific attainment!

Many of these papers were printed at the time of the convention, and distributed to its members, for the purpose of exciting discussion, and, consequently, will not be entirely new at this time. But most of them are well

worthy farther reading and study.

It is apparent, from the character of the discussions, that the plan of submitting papers to disputants in advance, has an advantage which should be cultivated; and we hope to see some such mode adopted for the future in our American Institute meetings.

This volume very properly introduces itself with a quite life-like steel engraving of its late president, Carroll Dunham, and closes with an "Historical Sketch of Materia Medica," by the late Constantine Hering.

To those upon whom devolved the herculean task of

arranging executive detail, of procuring, of translating, and otherwise manipulating material for use on the occasion, the profession owes an everlasting debt of gratitude.

MEDICAL ELECTRICITY: A Practical Treatise on the Applications of Electricity to Medicine and Surgery.
By Roberts Bartholow, A.M., M.D., LL.D., Prof.
of Mat. Med. and General Therapeutics in the Jefferson Medical College of Philadelphia, etc., etc.
With ninety-six illustrations. Henry C. Lea's Son
& Co., Philadelphia, 1881: pp. 262.

In the preface the author says, "I have attempted to prepare a work so simple in statement, that a student without previous acquaintance with the subject, may readily master the essentials; so complete, as to embrace the whole subject of medical electricity, and so brace the whole subject of medical electricity, and so condensed as to be contained in a moderate compass," and a glance at the contents will convince the reader that the effort has been admirably carried out. The work is not intended for the specialist in this department, but was written by a thoroughly competent general practitioner, for the use of students and general practitioners, and well meets its purpose.

THE HOMEOPATHIC THERAPEUTICS OF DIARRHEA, DYSENTERY, CHOLERA MORBUS, CHOLERA INFAN-TUM, and all other loose evacuations of the bowels. By James B. Bell, M.D. Second edition by Drs. Bell and Laird. Boerick & Taefel, 1881; pp. 275.

This little monograph is so well known to the profession that it scarcely needs any notice at our hands, excepting to announce its appearance. The first edition, which made its issue about twelve years since, has we understand, been out of print for a long time and been eagerly sought. The present volume contains over one hundred pages more than its predecessor, and thirty-two additional remedies are included. We can justly say that it is one of the best works of its kind, and will aid individualization in these sometimes troublesome affections.

The physical appearance is excellent, except a few errors in orthography, of which the work should have

been purged.

Wood's Library of Standard Medical Authors. Wm. Wood & Co., 27 Great Jones st.

The March volume of this exceedingly popular and valuable library is a "Treatise on Diseases of the Joints," by Richard Barwell, F. R. C. S., illustrated by numerous engravings on wood. This is the second revised and enlarged edition, having been entirely rewritten, of a work the first edition of which can be found in the libraries of recent dependent of the second restrictions. libraries of most of our older practitioners. The author brings to his subject a large amount of experience and general reading and discusses in different chapters, physiological anatomy; acute synovitis; suppurative synovitis; pyemie joint diseases and other absorption diseases; strumous synovitis; subacute rheumatic synodiseases; strumous synovitis; subscute rheumatic synovitis; syphilitic and gouty; hydrothorasis; movable bodies in joints; acute ostitis; chronic ostitis; arthritis deformens: inflammation and degeneration of cartilage; hip joint diseases; sacro-iliac disease; affections of sheaths and bursa; hysteric pseudo disease of joints; restoration of crippled joints genu-varus and valgus. the removal of diseased joints, closing with a short list of formula. list of formulæ.

The April volume is a treatise on Continued Fevers, by James C. Wilson, M.D., with an introduction by J. M. Da Costa, M.D. The writer includes, under the head of Continued Fever: 1. Simple continued fever; 2. Influenza; 3. Cerebro spinal fever; 4. Enterie or Typhoid fever; 5. Typhus fever; 6. Relapsing fever; 7. Dengue. The writer says it has been his aim to describe the discusse anymersted at greater full larges than scribe the diseases enumerated at greater fullness than is usual in text books, yet without the extreme elabo-rateness that mars the usefulness of some of the special

treatises.

He has certainly given us a book of very decided practical value, forming one of the best volumes in the series. The May volume is a medical formulary based on the United States and British pharmacopoeias, together with numerous French, German, and unofficinal preparations, by Laurence Johnson, A.M., M.D. The design of the work is to present in a manner convenient for ready reference the drugs and preparations in common use in the old school, together with formulae illustrating the manner in which they are composed by popular practitioners of the present day.

FIRST ANNUAL REPORT OF THE STATE BOARD OF

HEALTH OF NEW YORK. pp. 208.

We have received by the hand of our esteemed colleague, Dr. J. Savage Delavan, a copy of this most valuable report. Already extracts from its pages have appeared in our columns, and we wish that the report itself might find its way into the hands of every intelligent way in the State.

gent person in the State.

The members of the Board are to be congratulated upon the character and extent of their work, and the people of the State should be thankful that they have a commission composed of such careful and painstaking investigators. The profession at large should do all in its power to perpetuate the work so nobly and auspiciously begun.

A PRACTICAL TREATISE ON IMPOTENCE, STERILITY, AND ALLIED DISORDERS OF THE MALE SEXUAL ORGANS. Dy Samuel W. Gross, A.M., M.D., with sixteen illustrations. Philadelphia, Henry C. Lea's Son. 1881.

Of the affections discussed in this brochure at least two—impotence and spermatorrhos—are commonly described as functional diseases of the testicles. From careful observation, the author believes these conclusions are wrong, and that they depend upon reflex disturbances of the genito-spinal centre, and are almost invariably induced or maintained by appreciable lesions of the prostatic portion of the urethra, which, as they may not be perceived by the patient, are often overlooked by the physician. The chapter on semen is

intended to supplement the subject of sterility in the female, and the author in considering the abnormal conditions which deprive it of its fecundating properties, calls particular attention to the fact that in unfruitful marriages the fault is in the husband in at least one instance in six. It has long been our practice in unfruitful marriages to examine both parties, and, in many cases, a careful attention to the health of the husband has been followed by the desired results. many cases, a careful attention to the health of the husband has been followed by the desired results. The author sums up, as the results of his experience in the management of seminal losses, that the steel bougie, Bromide of Potassium and Atropia are especially adapted to cases of noctural emissions; and that electricity, Ergot and Strychnia are the most reliable agents in diurnal pollutions and spermorrhagis. The work contains numerous clinical cases and is full of practical scientific information. scientific information.

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HENRY C. LEA'S SON announce an American edition of Holmes Surgery, nearly ready, revised and rewritten by John H. Packard, M.D., assisted by a large corps of eminent American surgeons. It will be published in three imperial octave volumes of about 1,000 pages each, with over 1,000 illustrations on wood, and thirteen lithographic plates beautifully colored.

#### CORRESPONDENCE.

PITTSBURGH, PA., July, 1881.

MESSES. EDITORS:—I recognized the force of your statements in the June TIMES in reference to the appointment of a member of the Institute to several bureaus for the same session. I occupied the unenviable position of membership in several bureaus for 1881, through no solicitation on my part, and nearly wrote myself into cerebritis, so as not to default in my duties to the chair-

I called the attention of the Institute, during the late active the attention of the institute, during the late session, to the article in the TIMES, and asked that body to take such action in the premises, as would prevent a member being appointed to more than one bureau a year. After some discussion, the matter was dropped without settlement, one member saying that "he thought the mere calling attention to the subject would have sufficient influence in the future." It just had no influence at all for in the subsequent appropriement of bureaus. at all, for in the subsequent announcement of bureaus for 1882, names were repeated twice, and even three

This is a flagrant outrage upon the good men, who, not on any bureau, are anxious to add their contribution to medical science; and it is as much an outrage upon the appointees to bureaus, who are placed in a position where they cannot default in papers without discredit,

where they cannot default in papers without discredit, and yet cannot fulfill all their bureau obligations without considerable mental strain and worry. This question must be settled by a resolution next year.

There is another thing in connection with bureaus that ought to be righted, that is, the repetition of the names of the same men upon the same bureaus year after year. There are few specialties in the school so far, and every practitioner of homeopathy is required by the necessities of therapeutics to treat most of the diseases which flesh is heir to. He acquires a good deal of clinical material which ought to be presented to the world, and he can't present it to the Institute, because his friends or his ambition fixes him in a bureau, like a cart wheel in a rut. He ought to be made to circulate from bureau to bureau, that the world might derive advantage from his pent-up wisdom. I mean stars of the from bureau to bureau, that the world might derive advantage from his pent-up wisdom. I mean stars of the first magnitude, some of which shine at the head of the constellations, as well as those of the second or third, that pale in the presence of their sun.

There's a heap of work to be done and many abuses to abolish in the American Institute of Homosopathy, and if some radical don't kick out of the traces, break

up the cancuses, and retire the mummles to their cere-ments, there will be little labor of scientific value done by this large and really able body of men.

Yours. W. H. WINSLOW.

MESSRS, EDITORS :- Several parties have spoken to me of the want of homocopathic physicians in Charles-ton, S. C. Strange to say, in this city of 50,000 inhabi-tants there is but one homocopath. Many who prefer homocopathy are debarred from it by the feeling that in case of serious illness they can have no consulting physician. Further than this, the physician himself is at a disadvantage because there can be no professional intercourse and support. He must stand absolutely alone. I have therefore felt impelled to bring this fact to the notice of your readers, and further, to urge the advantages offered by the South to young men starting out in their profession, ambitious for themselves and for our

school.

Those who have resisted the temptation to settle in our large northern cities overcrowded by the profession, have sought the West where cities were rapidly springing up with new and changing populations. These were especial inducements to young men. Older men had not there the advantages of family influence and the benefits arising from long residence in a place, which make the first few years of a young physician's life such up-hill work. And young physicians have done well in the West, Chicago especially has taken to homoeopathy,—a success which must be ascribed to the capacity and push of our representatives there.

push of our representatives there.

The South, on the contrary, offered no inducements.
The reason of this was obvious. Homosopathy has made her greatest stride within the last two decades, a period her greatest stride within the last two decades, a period during which the South passed through a great civil war, prostrating her to the core, to be followed by the wrongs of an intense political hate, and the evils of a mass of negroes suddenly thrown on their own resources after years of slavery and dependence.

But things have changed now, and this portion of our country which had so little to offer promises great things in a near future. The colored race is improving every day. The laxiness and lawlessness and utter demoralization which naturally followed their freedom, is giving way to a proper sense of their position and duty. There

way to a proper sense of their position and duty. There is a tide of immigration, largely German, which has done much to build up the resources of the country. The cotton crops of the last two years have been the largest ever known. And finally, many new roads of travel and inducements of climate have brought about a more intimate relationship between the North and the South, which cannot but result in good to both sides. The inducements offered by Florida to invalids has instituted a stream of travel all along the coast States to New Orleans which has proved to be a great benefit. All this promises well, and even the not over-sanguine can see at a no very distant day a prosperity for the South which will atone in a measure for all she has suffered.

atone in a measure for all she has suffered.

How often I hear the expression,—"But homosopathy does not take in the South!" Simply because homosopathy has not been represented and has not had a chance. The success of our school depends entirely upon the ability and push of its representatives, and let any man of brains and spirit settle here and he will make adher-

I know that there is a strong feeling against pioneering. We are too eager for immediate tangible results for our labors in these days of feverish work and worry. But when success does come there is none more gratify ing, more satisfying. But it will not be all pioneer work. In many cities homocopathy has already a good foot-hold, thanks to the labors of men of energy and spirit who have laid good foundations for future workers.

The large colored element is regarded by many as so much dead-weight. This is a mistake. My experience has been that the colored people take to homeopathy,

and what is perhaps more to the purpose, pay their doctors' bills much better than the corresponding class of

whites.
The question of settling South concerns not a few whose health will not permit their living North. To those with phthisical tendencies, it offers openings where health may be restored and work obtained.

Two years ago your correspondent came here on ac-count of ill health with a heavy heart and many misgivribune, he had come to look upon the South as a pays des polissons, with little to attract a professional man. But he found things very different from what he expected, and with health and the ability to work he has been able to accomplish much work than he could have done. Not to accomplish much more than he could have done North, where health would have been out of the question. Like the Riviera and the Engadine, and even far off Egypt, the South will offer openings where physicians, unable to stand a northern climate, can find health and Respectfully, work.

SAVANNAH, GA.

E. R. Corson, M. D.

#### "MEDICAL LEGISLATION."

BALTIMORE, MD., July 20, 1881.

MESSES. EDITORS:—In an article entitled "Medical Legislation," by E. N. E., in your journal a few months ago, an attack was made upon the Hom. Medical Society of this State for not endorsing a pet project of his, with a side shot at me. In your last number appeared another article by "E. N. E.," in which I am individually in the production of the state o ually attacked, though not by name; I being the member of the Legislative Committee of the State Society, and a personal friend of Dr. Barclay, am the one "E. N. E.," has selected upon whom to vent his spleen. I must therefore ask space in your columns to make a statement of my connection with his bill to regulate the

ment of my connection with his bill to regulate the practice of medicine in this State.

And I will commence, not as "E. N. E.," does "in medicarres," but at the beginning. I did not know that I was a member of the Legislative Committee of the society, until I was so informed by Dr. Price, Sr., and requested to attend a meeting at his office. The committee held two meetings, at which Dr. Price, Sr., read the draft of a bill he wished the State Society to endeavor to have passed by the Legislature, to regulate the practice of medicine. I stated that I was opposed to recommending any bill, and thought it best for the Homospathic Society to let matters alone. I thought no Legislature would enact any such law unless it met with the approbation of the Allopaths, and that without their the approbation of the Allopaths, and that without their the approbation of the Allopaths, and that without their co-operation we would have our trouble for nothing. My reasons were these. There are in this State nearly seven hundred Allopathic physicians. The Hom. State Society numbered thirty-one, of whom at least one-third were merely nominal members. Now Dr. Price, Sr., had previously informed me that a year before he had invited the Allopathic State Society to units with him in procur. the Allopathic State Society to unite with him in procur-ing such a law, and that they had declined. I therefore looked upon it as more quixotic than tilting against windthe Legislature to enact a law which would be opposed by seven hundred Allopaths from all sections of the State, each one of whom could exercise personal influence upon one or more Legislators. I proposed therefore to recommend our State Society to let matters alone. The other members of the committee voting with me, it was carried.

was carried.

Of the proceedings of the special meeting of the State Society held to receive the report of its committee, it is needless for me to speak, as I think Dr. Barclay's account is correct in all particulars. I will only say that when Dr. Price, Jr. ("E. N. E.") stated that he wished to have the opinion of members as to his right to propose his bill to the Legislature, I replied that there

could be no doubt of his right as an individual to petition the Legislature on any subject he choose, but that the action of the State Society precluded him from doing so as Secretary of the Society. So far as I know no one thought then, or now thinks that Dr. Price intended using or did use his official position as a means of securing the enactment of his pet project.

Nothing more was heard of the matter until the next winter, when the State Legislature being in session, I with other physicians of our school, was surprised to find in the city papers, letters from their reporters at

find in the city papers, letters from their reporters at Annapolis, stating that the Homeopathic Society was endeavoring to secure the passage of an act regulating the practice of medicina. Great excitement was created the practice of medicine. Great excitement was created among the Allopathic physicians in this city and State. Their colleges and societies sent delegations to Annapolis to oppose the bill, and the general impression was that the Homeopathic Society was trying to smuggle a law through the legislature, not meaning to charge Dr. Price, Jr., with any improper conduct, for as far as we knew he had done nothing improper; but to correct the erroneous idea which was abroad, my colleague and I addressed a note to Dr. Price, Sr., our chairman, asking him to call a meeting of the committee. In reply we received a letter from him declining to call the meeting, for the reason that the proposed law was not injurious for the reason that the proposed law was not injurious to Homocopathy and was therefore none of our business. That the Committee was not then in existence, was not given as a reason by Dr. Price, Sr., but is, I suspect, a recent discovery of Dr. Price, Jr.

given as a reason by Dr. Price, Sr., but is, I suspect, a recent discovery of Dr. Price, Jr.

Foiled in getting a meeting of the Committee, my colleagues and I addressed a letter to the chairman of the Judiciary Committee before whom Dr. Price's bill was, in which we stated that the bill was not the offspring of the Homeopathic State Society, but of Dr. Price, Jr., individually; that our State Society, but of Dr. Price, Jr., individually; that our State Society, but of Dr. Price, Jr., and as far as we know, were not desirous of the passage of any law. We did not accuse Dr. Price, Jr., of any improper action; we did not think that he had committed any, nor did we make any attack upon the merits of his bill. We wrote for one purpose solely: to correct the general impression that the bill was the offspring of the Hom. State Society. If we failed to make ourselves understood, it was because, not being enrolled among the "Knights of the Quill," we had not the happy faculty of expressing ourselves clearly. Such was our offence, and such is the crime for which "E. N. E." felt compelled to apply the scourge of Justice to me individually.

crime for which "E. N. E." felt compelled to apply the scourge of Justice to me individually.

To the charge of being an "insubordinate member" I must plead guilty, first, in having dared to have an opinion of my own in committee, instead of being subservient to his will as expressed through his father; and, secondly, in having dared to join in a communication to the Judiciary Committee without his father's consent. To both of these I cry "Peccaci," but I must confess further, and say that I am an unrepentant sinner, and under like circumstances would act in like

At the meeting of our State Society, no report was made of the action of the "insubordinate members" of the committee. Dr. Price, Sr., the chairman, made no complaint of their action. My colleague was, I believe, not present at any of the meetings. I was sick, and attended only the last meeting, at which officers were elected, and must confess the whole matter had passed

from my mind.

More than a year has passed, and I am of the same opinion now as then, not that Dr. Price, Jr., had used his official position to aid the enactment of his law, but that the members of the Legislature had the same errogers did not be same to be same of the same to be same to that the members of the Legislature had the same erro-neous idea as the reporters of the press—that the bill was the offspring of the Hom. State Society, and that, as stated by Dr. Barclay, this idea gave undue weight to the bill. In no other way can I explain the fact stated by "E, N. E," that the letter of the "insubordinate members" was fatal to his pet.

"E. N. E." further says "that fear of the Old School "E. N. E." further says "that fear of the Old School prevented the Hom. State Society from attempting to have his bill enacted"—the italics are his own—and he says this not as a "taunt," but as a "fact." When "E. N. E." came to this belief, he should immediately have left the Society; for, if true, the members of the State Society were unfit associates for any honorable homeopath; if false, such a charge was a gross insult to the Society—one which would justly subject him to expulsion. For myself and the members of the Society with whom I am acquainted, I have no hesitation in pronouncing the charge as untrue as uncharitable.

I have written now in vindication of myself not to

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dli at. I have written now in vindication of myself, not to have any controversy with "E. N. E.," and I will have none. He is yet in the first decade of his profession, and has caught the cacoethes scribendi very badly. I hope that another decade will teach him to mingle mercy with justice; if not that he will have learnt that "He who conquereth his tongue is greater than he who tak-eth a city."

[The above communication must end a most useless controversy, to which we have been made unintentionally a party. Our friends will bear in mind that the profession at large has no interest in these internecine encounters.

#### EXTRACT OF A LETTER FROM NARRAGAN-SETT PIER. TOWER HILL HOUSE.

What a god-send mineral springs are to the old school—they are so convenient to send patients to, that won't get well under the desultory, meaningless, allopathic prescriptions! And then these springs differ so materially—one being redolent of sulphur, all of which they say "act as diaphoretics and alteratives;" then there are the alkaline waters, "that tend to stimulate the stomach, to increase the appetite, render the urine alkaline and to increase the flow: ""the action is varied, sometimes, by undiscovered ingredients," "and in some case—in the incipient stage—it is probable a cure has been effected." Then come the saline waters, which "promote the action of the intestines, augment the flow of urine, increase the secretion of the mucous membrane, and promote epithelial desquamation."

Then we have the calcic waters, of which "no exact

Then we have the calcic waters, of which "no exact investigations have been made concerning their physiological action." There are the Alum Springs, and it seems very little is known of their therapeutic action, but excellent as "a bathing agent, for loss of tone and vigor to the skin, general debility, and in all congestive conditions of the skin."

The Challent Water "The Challent Water "The Challent Water"

The Chalybeate Waters "are astringent alteratives, and excellent in diseases of women and anæmia," all of which is exceedingly definite; and anyone good at questioning can tell which spring to go to, to be cured. But there are a class of springs that are never mentioned in the books, and are not mentioned by doctors,

and patients are seldom sent to them; we refer to waters absolutely pure. There are not many, but some are celebrated. There is Buxton, in England, whose virtues in curing rheumatism were supposed to lie in "some ingredient undiscovered, and undiscoverable by any chemical test."

Then there is the celebrated spring at Lourdes, in France, the virtues of which in the same disease are credited to "Our Lady of Lourdes;" and the cures were the result of faith in her power—and they sometimes occurred while the patient was on the road to her

Smithsonian Institute, some bottles of this water for careful analysis.

After experimenting, the chemist informed the Pro-fessor that he had been tricked, as it was only distilled water. This the Professor said could not be, as the gentleman who sent it was his friend, and incapable of such an act. Subsequently, the chemist went purposely to the spring and filled clean bottles, and analyzed the

water, and pronounced it absolutely pure.

Persons visiting Tower Hill who are affected with malaria, whether the result of disease or Quinine, are entirely cured by drinking this water, and persons suffering from rheumatism and kidney diseases are also cured, or if they are old, they are so much benefited by a few months' stay, that they are scarcely troubled till the following year. This is notably the case at

Of course, the necessary adjuncts of pure air, good food, and comfortable beds, must be present, and these can nowhere be found to exceed the Mountain House, at Cresson, and the Tower Hill House, at Narragansett Pier. The former has been rebuilt this season, with elevators, hot and cold water and baths on each floor, newly furnished, and under the able management of the former superintendent, W. D. Tyler, Esq., also of the Logan House, Altoona, which cannot be excelled in bed or board by any house in the country.

The Tower Hill House, with its delicious breezes, its unexampled landscape, and its pure water, is coming to the front under the experienced hands of L. E. Bates, Esq.; and from no watering-place do guests de-part with more reluctance than from Tower Hill. We speak what we know from experience. In fact, the choice between the two localities may be based on the air; which in Cresson is pure mountain air, and at Tower Hill is pure sea air, softened by its passage over the grass-covered surrounding country; and there are few springs from which so many invalids return cured, than from Tower Hill and Cresson.

#### SOCIETY REPORTS.

#### INDIANA INSTITUTE OF HOMEOPATHY.

The Indiana Institute recently held a very interest-ing meeting at Indianapolis, President O. S. Runnels in

ing meeting at Indianapolis, President O. S. Runnels in the chair; and, judging from the list of papers presented, the time must have been profitably employed. The following were elected officers for the ensuing year: President, C. S. Fahnestock, Laporte; lst Vice-President, B. French, Indianapolis; 2nd Vice-President, W. L. Branstrup; Secretary, M. T. Runnels, Indianapolis; Treasurer, J. R. Haynes, Indianapolis. Dr. W. L. Breyfogle said: The Position of the Regular Practice, is the title of an article which has recently appeared in the London Lancet, and which is intended

appeared in the London Lancet, and which is intended to explain the cause of Sir William Jenner's refusal to consult with Dr. Kidd in Lord Beaconsfield's case, and why charges were preferred against the physician who was liberal enough to counsel with and recognize a be-

liever in Homocopathy.

This article, appearing as it does in the leading Allopathic medical journal of the world, and having been extensively copied and commented upon by the secular press, does the system of Homocopathy such gross injustice, and contains so many misstatements, that I cannot refrain from making it the subject of a few

It is not my intention to discuss the propriety of conshrine.

In this country, the only two noted springs of this kind are at Tower Hill, Narragansett Pier, R. I., and Cresson, Pa., on the Pennsylvania Central R. R. Of the former it is stated, that a gentleman now living in New Jersey, sent the late Professor Henry, of the but on the aggressive—to push the war into the enemy's camp. We are proportionately much stronger than they, and can well afford to take up the gauntlet they

have so very discourteously thrown down.

The writer of the article says: "We decline to have professional intercourse with professed or reputed homosopaths, because they are believers in a method of therapeutics which is at once fantastical and absurd," and further adds: "the objection is scientific."

and further adds: "the objection is scientific."

Homosopathy is defined by this learned scientist as a method of cure made up by (1) the law of similars; (2) the law of dynamization of medicines, based upon a theory that "disease is a spiritual dynamic derangement of our spiritual vital principle," and that "the dynamization of drugs are real awakenings of the medicinal properties that lie dormant in natural bodies during their crude state, which then become capable of acting in an almost spiritual manner upon our life."

Declining to enter into further discussion over a system Declining to enter into further discussion over a system which has met "the condemnation of scientists, philos-ophers, and practical physicians," he adds: "It is enough for our purpose to call attention to the fact that obedience to the law of similars has led homeopaths to give dilutions of bugs to cure the inflammation arising from bug bites; cholera evacuations for the cure of cholera; and the expectoration of phthisical persons for the arrest of consumption;" and says: "These ridicu-lous pretensions can have no place in scientific medicine, and therefore practitioners in scientific medicine can have no professional association with those who advance them

Sir William Harvey has said: "True philosophers, who are only eager for truth and knowledge, never regard themselves as already so thoroughly informed but that they welcome further information, from whomsoever and whencesoever it may come; nor are they so narrow minded as to imagine any of the arts or sciences transmitted to us by the ancients in such a state of forwardness or completeness that nothing is left for the ingenuity and industry of others."

Our present philosopher, student, and scientist, has not sought the truth with eagerness; he has not even given himself the necessary trouble to investigate, or he would have found that the law of similars is based upon a principle—a law of nature; that the homosopathist first discovers the true properties of drugs, by experiments on the healthy organism, and believes the symptoms thus produced are the true guides to the administration of the remedy; that a drug which produces a certain series of symptoms when taken in health, will cure similar symptoms when pro-duced by disease. I am sure he will find nothing "fan-tastic or absurd" in this. The oldest writers, from Hippocrates down, mention the similarity between the cts of the drugs used and the diseas es they cured. But our friend, becoming bewildered with an accumulation of heterogenous and unarranged ideas, has confounded isopathy with homosopathy. He says we give bug juice for bug bites, cholera evacuations for cholera, and the consumptive patient a dilution of his own expectoration." Although it is hard to part with these delectable remedies, given us by our antiquated scientist, through our great love of the truth we must inform him that no such remedies are known or used in homœopathic practice; that the only records in medical literature of such abominable prescriptions being given are found in his own works, and I refer him to the writings of Dioscorides, Hypocrates, Galen, Serapion, Paulus Algineta, Haley, Abbas, Celsses, Nicander, Oswald Croll, Van Helmont, Dr. Duney, Dr. Richard Mead; even Butler, who wrote fifty years before Mead, alludes to isopathy in these lines—

"Tis true, a scorpion's cil is said
To cure the wounds the vermin made,
And weapons dressed with salve resto
And heal the hurts they gave before."

Similar curing similar and like curing like are two different things. Similia is not idem.

As an illustration, it is well known to medical men As an illustration, it is well known to medical men that *Mercury* produces affections of the throat, bones, and skin, so like the diseases of those parts arising from other causes that they often find it impossible to distinguish the one from the other, or to decide to which distinguish the one from the other, or to decide to which to attribute the symptoms. Let us consider, then, two patients standing side by side, with ulcerated throats, swellings of the bones, and eruptions on the skin,—in the one caused by Mercury, in the other not—and the most experienced surgeon shall be puzzled to say which is the mercurial case and which not. Mercury given to these cases would aggravate the one whose symptoms were owing to Mercury, while it would certainly

Our friend further discourses over the "dynamiza-tion theory," and alludes to the "decillionth part of a grain." We would remind him that Homosopathy, as a grain." We would remind him that Homosopathy, as a principle, was discovered by experiments with ordinary doses of crude drugs, and a man may be a true homosopathist though he never prescribe any other. The size of the dose has nothing whatever to do with Homosopathy. The proper dose is to be found only by experiment, and every Homosopathist has a perfect liberty and right to make these experiments. But so many times have these experiments been repeated, that it has come to be an accepted fact that they cure best in such quantities as shall not produce toxic or poisonous effects

quantities as shall not produce toxic or poisonous effects or aggravation of the symptoms already existing.

If the millionth part of a grain will cure better than a hundred grains, is not the physician bound to use the

smaller dos

A vessel of unannealed glass will resist a powerful blow from a wooden hammer, but will fly into a thou-sand shivers if a grain of sand be but dropped into it from the height of a foot; yet no one would say that the strength of the blow in the latter case was greater than in the former. than in the former.

In order to demonstrate that the minutest quantity in order to demonstrate that the initiates quantly is not inert, let me refer you to the experiments of M. Davaine before the French Academy on the subject of septicemis. From these experiments, which have since been verified, it is seen that the ten-trillionth part of a drop actually destroyed life, when injected into the

wins of a Guinea pig.

With this testimony, who can longer dispute the power of infinitesimals? And the demonstration of its power to kill, if it does not show its curative power, at

power to kill, if it does not show its curative power, as least relieves it from the opprobrium of inertness.

Our learned friend ought not to object to the "dynamization theory," as he calls it. It has done much to benefit the old school. Were it not for its influence he might yet be prescribing his compounds of eight or ten ingredients—a shot-gun practice that killed more than it cured and maimed more than it killed. Why is it that we now divide a grain of Calomal into twelve it that you now divide a grain of Calomel into twelve parts, and give one part daily, instead of using twelve grains at a single dose? What taught you that a small dose of Ipecac would cure voniting when a larger dose produced it? Hahnemann's dynamization theory.

Take from your shelves your latest standard authorities, "Ringer's Therapeutics" and "Bartholow's," and you will find therein whole pages that have been taken—stolen—from our materia medica, and palmed off on you antiquated scientists as "new discoveries" in medi-

It is amusing to note with what sang froid the old school robs us of golden gems of experience, then urge popular sentiment against us with the old cry of "stop thief."

To the allopathic mind, the growth of Homosopathy is simply a disagreeable fact, which is either ignored or denied. It expels, snubs, and insults all who examine and believe. The study of Homosopathy is always discouraged, sometimes absolutely prohibited. One college refuses to grant its diploma except to those who sign a pledge never to investigate it. Another threatens to recall its diploma from anyone who adopts it; and yet

many of these men are homoeopathists at heart, and also in practice, so far as it can be concealed from the prying of their ignorant and intolerant brethren. There is also a large body of medical men in the old school, educated, intelligent, respected, filling high places and enjoying the honors and emoluments of the profession, from whom the world has a right to expect better things. It is the supposition of the public, of the students they teach, and especially of their patients, that these gentlemen have given Homoeopathy the most thorough and scientific investigation, and have pronounced conscientiously against its claims. This is the theory, but the fact is quite different many of these men are homoeopathists at heart, and also

against its claims.

This is the theory, but the fact is quite different. Nine out of ten of these distinguished Doctors know nothing whatever of Homeopathy, except what they have gleaned from ex parte statements. But the great reading, thinking, and progressive public does not share the opinion, the prejudice, the infatuations of these allopathic physicians with respect to Homeopathy. It sees no humbug, quackery, or imposture in it, and when appealed to is always determined to give us fair play, a full hearing and equal rights before the law.

Witness the vast strides which Homeopathy has made, in the teeth of all opposition. Its 6,000 practitioners, and most of them graduates of the old school; its growing literature, its schools, hospitals, dispensaries, and asylums, and its lay adherents numbered by the million.

the million

Witness its representation on the National and State Medical Boards, and in State Medical Universities. Witness the conceded fact, that it is not the practice

of the ignorant and incapable, or of the "fantastical" and hypochondriacal, but that it absorbs and holds the lion's share, in proportion to numbers, of the strong-minded, intelligent, traveled, and cultured portion of society which recognizes and treats homocopathic physicians as honorable and enlightened men, and benefactors to humanity.

Whether our learned friend will admit it or not, the world does move.

#### CONNECTICUT HOMOCOPATHIC MEDICAL SOCIETY.

The Seventeenth Annual Meeting of this Society was held in the Allyn House, Hartford, May 17th, 1881, President Dr. W. D. Anderson in the chair, and Dr. H.

M. Bishop, secretary.

Dr. E. E. Case of Hartford, read an able and instructive paper entitled "Notes from Practice," of cases mostly of a chronic character, that had been successmostly of a chronic character, that had been successfully treated with the 30th and 200th potencies. Dr. E. B. Hooker of Hartford, read an essay upon "Intemperance ex. Abstinence," giving the physical and moral aspects of the question. The Doctor also made a report of the action the Legislature had taken respecting the practice of medicine within the State. As the law now stands, it is to the effect that all itinerant practitioners not residents of the State are liable to a fine of twenty. not residents of the State are liable to a fine of twenty not residents of the State are liable to a fine of twenty dollars each day they remain therein. Dr. E. H. Linnell, made a report as delegate to the Massachusetts Society. He also cited a case in practice that was diagnosed as hemorrhage from an Uterine Fibroid which was permanently relieved by the use of Sabina \*0. Dr. C. A. Dorman of New Haven, also made a report upon a faith cure, and Dr. P. T. Peltier of Hartford, read a case reported in American Homoopath for April, 1880, of "Rectal Hæmorrhage in the New Born," followed by a discussion on the paper by members of the society.

society.

At 2:45 P. M. the society adjourned for dinner, which was of a good and substantial character and reflected infinite credit upon the proprietor of the Allyn House, and to which ample justice was done by those present.

At 3:30 P. M. the society was called from refreshments to labor, at which time Dr. Taber, of Collinsville, reported to the society a case of Elephantiasis of the

Labia Majora, of 13 years' duration, that had greatly improved under the use of Phytolacca Decandra. Dr. C. A. Dorman, reported two cases of Spermatorrheea successfully treated by Argentum Nitricum, followed by a discussion by members of the society in which Dioscorea, Digitaline and Gelseminum had been used successfully. A very candid paper of Dr. Anderson's, upon the needs of the society was read by the chairman, Dr. Anderson having been called away, and a case of Snake Poisoning was reported by Dr. E. B. Hooker, that had been successfully treated by Carbonate of Ammonia and Lachesis. A paper was also read by Dr. C. monia and Lachesis. A paper was also read by Dr. C. Spencer Kinney, delegate from the New York Society, on "What Homœopathy has done and is doing in New York State." Drs. A. H. Allen and J. K. Warren, delegates from Massachusetts, reported the Massachu-

setts Society as being in a flourishing condition.

The whole proceedings were characterized by the utmost harmony and cordiality, and the meeting was productive of much pleasure and instruction.

The election of officers and delegates resulted as

President, H. M. Bishop, of Norwich; Vice-president, W. B. Dunning, of Hartford; Secretary and Treasurer, E. B. Hooker, of Hartford; librarian, G. H. Wilson, of Meriden; censors, Drs. Peltier and Case, of Hartford, Dr. Mansfield, of Meriden, Dr. Osborne, of Middletown, Dr. Mansfield, of Meriden, Dr. Osborne, of Middletown, and Dr. Taber, of Collinsville. Delegates to the Amercan Institute of Homocopathy; Drs. Foot, Linnell, Wilson, Case and Allen; delegate to the New York Society, Dr. King, of Unionville; delegate to the Massachusetts Society, Dr. Allen, of New London; delegate to the Rhode Island Society, Dr. Anderson, of New Haven.

The Society then adjourned.

#### TRANSLATIONS, GLEANINGS, ETC.

THE ANAMIC CENTURY, -A recent number of L' Union Medicale contains an amusing account of the method adopted by Ambrose Paré to combat the angenia and de-bility consequent on suppuration of bone. There was a equent on suppuration of bone. There was a certain Marquis d'Auret, who was seriously wounded. He sent for Paré, who found him anxious above all things about his dinner. And such a dinner! "I en-tered the kitchen," says Paré; "then I saw a man throw into a large cauldron half a sheep, a quarter of veal, three pieces of beef of great size, two pullets, a fine big flitch of bacon, and great store of fine herbs. Then said I within myself, that this soup was succulent and excellent for nourishing. The marquis had been shot in the knee, with fracture of the femur, and consecutive necrosis. Paré was very attentive to him, and to combat the debility prescribed this regimen. He says: In order the better to relieve the feebleness of the marquis, I thought it right to use much good and succulent aliments, such as boiled eggs, Damascus raisins preserved in wine and sugar, also panade made with the soup from the big cauldron (of which I have spoken above) with the breasts calldron (of which I have spoken above) with the breasts of capons, the wings of partridges hashed and well-dressed, and other like matters easy to be digested, as veal, kid, young pigeons, young partridges, thrushes, and others of the same sort. The sauce to be of orange, sorrel-juice, bitter pomegranates; he shall likewise eat of beef boiled of good herbs, as sorrel, lettuce, purslane chicory, marigold, and other such; his bread shall be of meslin (a flour obtained by sowing wheat and rye together) and neither stale nor too soft." Well may Dr. Simplice, who quotes this story from Les Capagnes d'Ambroise Paré (by Guradic, Fils) exclaim, "Who would dare prescribe such a regimen to the wounded of our dare prescribe such a regimen to the wounded of our own day? Is there, in truth, as so many of our confreres maintain, a serious change in the constitution of the present generation? Oh, inteteenth century, art thou in truth the anamic century!"—Lancet and Clinic, Feb.

A TRIUMPH OF MODERN SURGERY.—At a recent meeting of the Royal Society in London, Dr. McEwen gave a detailed account of a very remarkable case of the transplantation of bone in the human subject. It is of special interest as being the first instance in which this osseous transfer has been successfully effected. The following is an abstract from Dr. MacEwen's paper: In 1878 a child of three years was admitted into the Glasgow Infirmary for necrosis of the right humerus, the shaft of which was already separated from the head at the epiphyseal junction. Fifteen months after the necrosed portion had been removed there had been no bone formation of any account, and over two-thirds of the shaft was wanting. A first transplant of bone was then performed. In making the sulcus for the reception of the graft, reliance had to be placed on anatomical relations as to correct position, as there was no trace of periosteum or fibrous structure to indicate the former location of the bone. Portions of human bone were transplanted on three different occasions, the grafts being obtained from patients affected with anterior tibial curves, from whom wedges of bone had to be removed for the purpose of straightening their limbs. These osseous wedges were each divided into small pieces, which were immediately placed in the sulcus in the boy's arm. The fragments united together as well as adhered to the head of the humerus above and to the condyles below, ultimately forming a solid rod only half an inch shorter than the humerus on the opposite or left side. This transplantation of bone converted a useless arm into a thoroughly useful one. Great stress was laid by the operator upon the subdivision of the transplanted bone into fragments, as thereby greater nourishment is able to be conveyed from the surrounding flesh to the osseous formation. The conclusions arrived at are that transplanted bone is capable of living and growing and that such transplantation must be conducted antiseptically.

Confinement, with Ruffure of the Uterus.—In this remarkable case (translated from the Berliner Klin. Wehnschrift) the child having presented by the feet, the midwife, in her endeavors to effect delivery, had pressed through and torn the recto-vaginal septum. In her further manipulations the uterus, robbed of its support, had been drawn down. Mistaking this for a deformed head, and seeking by the employment of force to end the labor, the ligaments were raptured and the bowels pulled through. When, two hours afterward, the doctor arrived upon the scene, he found between the patient's thighs a newly-born child whose head was a raw, unformed mass. Upon examination this proved to be the uterus inclosing the head of the child and 7 or 8 centimetres removed from the vulva. Between the uterus and vulva were loops of the small intestine. The hemorrhage was of course immense, and the condition of the patient apparently desperate. The doctor at once proceeded to remove the head and placenta from the cavity of the uterus, after which the intestines and other presenting parts were simply wrapped in oiled linen, any further interference at that time being out of the uterus was accomplished by simple ligation and section of the round ligaments. The intestine was next replaced, and upon this being done, it was found that the bladder, which was distended, nearly closed the opening, acting as a valve. The subsequent treatment, although pursued under the most disadvantageous sanitary surroundings, was attended with complete success. The formation of pus, and with it the fever, ceased at the end of about a month, and at the time of the report the woman was rosy and healthy looking, and attended to her household duties with remarkable ease and vigor,—Obstetric Gazette, Feb. 8.

Color Blinders.—At the last meeting of the Ophthalmological Society a report was presented by a committee of sixteen members recently appointed by the Society. No less than 18,088 persons have been examined, of whom 1,657 were females. The average percentage of color defects among these latter was 4, that of the males being 4.76, the pronounced cases only among males being 3.5 per cent. Certain classes of persons show an exceptionally high percentage of color defects. The most striking in this respect are deaf mutes, among whom every fifth child is defective. The average is also higher than normal among members of the Society of Friends, especially among those belonging to the poorer classes. It is distinctly high among Jews, and the forms of color-blindness occurring among these are very pronounced. The secretary attributes color defects in some cases to a congenital physical defect, either in eye or brain, occurring as an accidental variation from the normal structure. When once existing it is capable of being transmitted to descendants. In other cases he thinks that they may arise, and more especially the slight forms, from defective education in colors in infancy. This might account for the superiority of the female sex in respect to colors. It would also account for the high percentage exhibited by the deaf and dumb, and to some extent for that of members of the Society of Friends. It would also be compatible with a greater prevalence of color defects among the poor. The third factor, which is by no means an unimportant one, is intermarriage. He is strongly of opinion that among Jews, and to a less degree among Friends, intermarriage during generations has strengthened the defects existing among them not only in number but in degree.

ELASTIC ADHESIVE PLASTER.—Dr. W. P. Morgan, in a communication to the Boston Med. and Surg. Jour., states that he has been trying to obtain an elastic adhesive plaster, that when attached to the skin, it should yield to the movement of the muscles and parts beneath it without the sensation of stiffness or an uncomfortable wrinkling. Not being able to obtain an article of this description I procured some India rubber, and giving it a coat of plaster such as is recommended in Griffith's Formulary under the name of Boynton's adhesive plaster (lead plasters one pound, rosin six drachms), I found the material I wished. After using it as a simple covering for cases of psoriasis, intertrigo, etc., I extended its use to incised wounds, abcesses, etc., and found it invaluable.

Placing one end of the strip of plaster upon one lip of the wound, and then stretching the rubber and fastening the other end to the opposite lip of the wound, I had perfect apposition of the severed parts, the elastic rubber acting continually to draw and keep the parts together. When unable to get the sheets of rubber I have used the broad letter-bands (sold by stationers) by giving them a coat of the plaster.

THE HARVARD MEDICAL SCHOOL AND REFORMS IN MEDICAL EDUCATION.—The annual report of Harvard University for the year 1881 is extremely interesting to those who care to know what progress is being made in elevating our methods of medical education. The medical department of this university is in a prosperous condition, and has great reason to congratulate itself upon the good work that it has done. The whole number of students in attendance during the three terms of the past year averaged two hundred and fifty-one. An appreciation of the advantages of spending the time of study at the colleges is shown by the fact that 86 per cent, of the graduates in the above year had been in attendance during six collegiate terms. The difference between this condition of things and that in most other medical schools where two terms is the maximum, is very striking. The proportion of the students who came up for the examination and were rejected was nearly one-third.—Med. Record.

THE BLOODLESS METHOD IN CHINA.—According to Carter Stent (Chinesische Eunnehen, oder Ursprung Character. Habitus, Obliegenheiten und Herrichtung der Hämlinge Chinas) eunuchs are very much in demand in China; their position is one free from care, and their treatment brilliant, so that not only parents give their children to be castrated, but even grown persons, out of inclination for a life of ease, or for want of an avocation,

submit to the operation.

The operators form a distinct caste, and are recruited by apprentices selected from their own families. The operation is not allowed to take place unless the candidate has proven his good character and declared his willingness before witnesses. Before proceeding to castrate, the thighs and abdomen are tightly bandaged, to prevent excessive hemorrhage, and the genital organs are bathed in hot pepper water. The scrotum and penis are then removed with one stroke of the knife. The wound is carefully closed with a tin plug, which is pressed in, and wet paper compresses are applied as a dressing. For three days the patient is not permitted to drink or to evacuate his bowels, and of course cannot urinate. If, at the end of that time, when the wound is exposed and the plug removed, the urine is discharged freely, the case promises well; if not, the patient is lost.

It can be readily comprehended, as the celebrated

It can be readily comprehended, as the celebrated traveler Chardin (seventeenth century) reports, that in Persia only one out of four survive, (Clot Bey asserts that the same is true in Egypt); Stent, on the contrary, assures us that death is rare. The rudeness of the operation on the one hand, without following the same by the introduction of a catheter, which, as well as bougies, have been in use in the East since the time of the ancient Greeks; and on the other, the familiarity with the production of artificial anemia by bandaging, only very recently introduced among us, furnish a remarkable contribution to the history of the development of medicine through knowledge preserved in families and castes.—
Intern. Jour. of Med. and Surg., Jan. 15, 1881.

The Metric System in America.—It will do no harm to refresh our memory on this subject. Americans have an omnipresent metric standard in the fice cent nickel pieces. There are two contimetres in one diameter; they weigh fice grammes each, the stamped five recalls this; fice of these in a row — one decimetre; one cubic decimetre — one litre; the gramme — one cubic centimetre (of distilled water) at standard temperature, pressure — 15 grains +; four grammes — 31 +; fifty nickel pieces in a row — one metre; the metre — 39 + 10 inches — one yard and one nail (nearly). The "dioptric" in ophthalmology — one metre — the measure of retraction of a lens of nearly forty inches focal length. One-tenth of one centimetre — one millimetre; homospathic vials are uniformly numbered by writing their length in millimetres, followed by the figures denoting their breadth, also in millimetres; all in one continuous numeration; homospathic pellets are numbered by placing ten of the same size on a millimetre scale, in one row. The number of millimetres over which they thus extend is the officinal number of such pellets. For instance, No. 40 is so called because ten of them measure forty millimetres; and so on. Greek prefixes increase the denominations decimally; Latin prefixes diminish in like manner—(contrary to the custom in chemistry).—U. S. Mcd. Invest., May 15, 1881.

OLEIC IODOFORM.—This remedy is made by mixing twenty-four grains of Iodoform with one ounce of Oleic Acid, and is recommended by Dr. Shoemaker as an excellent remedy for the various scrofulous affections of the skin and scalp. It is cleanly, and conceals the unpleasant odor of the Iodoform. Iodoform, mixed with Oleate of Mercury, in the same proportions, is highly extolled in syphilitic affections involving the mucus surfaces, and in tubercles and fissures, located in different parts; also in various forms of eczema tinea, and pains.

REFLEX URINARY PARAPLEGIA.—M. Dieu (Le Prog. Med.) reports the case of a man, who, after a mild attack of gonorrhoea, was suddenly seized with difficult urination. After exploration and catheterism, progressive narrowing was diagnosed; but the use of the catheter became more and more difficult, and internal urethrotomy was decided on. The impossibility of introducing a conductor caused a postponement of the operation. During this interval the toes became swollen, there was loss of power in the lower limbs and standing became impossible; some movements of flexion persisted. Catheterism being again attempted, a roughness could be detected in the canal and the diagnosis of a urethral calculus, situated behind the stricture, was made. After different attempts to push the calculus back into the bladder had failed, external urethrotomy was practiced by means of a guide, and a stone having the form of a clove, with a length of 1 cm. and a breadth of 3 mm., was removed. The paraplegia rapidly disappeared, although there had been some improvement before the operation. The diagnosis was questioned, on the ground of the benign appearance of the gonorrhoza and the rarity of reflex paralysis, and a simple debility was hinted at as the probable trouble.

In answer to this M. Le Dentu recited the histories of the following cases: A very nervous man and one easily impressed, had a marked stricture. The cystitis was light; the two inferior members were paretic, but the left was more affected than the right; both limbs were atrophied and the atrophy was also more marked on the right; there existed plaques of marked annesthesia. He did not think this was a simple coincidence, since with the removal of the stricture the paralysis was cured; the contractility of the bladder remained intact. The second patient had been operated upon for a renal calculus surrounded by purulent infiltration; the operation was performed on the left side. The patient had been attacked with hemianuesthesia of the left side, with marked muscular debility of the same side. Attention was called to the predominance of the unilateral nervous and muscular phenomena in the two cases. He did not think that paralysis of urinary origin could be denied. Are these paralyses reflex or are they, on the contrary, due to an ascending neuritis? M. D. also cited the case

of a man suffering from a calculus, who was also attacked with cramps and painful contractions of the lower limbs; these were cured by the removal of the calculus. According to Brown-Sequard reflex paralyses are always bilateral. (T. M. S.)

INOCULATION OF RABIES.—M. Pasteur and his assistants have succeeded in communicating rables by the inoculation of the brain of a dog dead of the disease. The experiments were successful with pieces of the cortex and of the medullar oblongata, and with the cerebrospinal fluid. There is, of course, nothing very remarkable in this result. It has long been known that the virus is widely diffused in the body of the dog, and it would be strange if the brain did not contain it, when we consider the demonstration which the symptoms afford of the action of the poison on the nerve-centres. M. Pasteur moreover asserts that by traphlning a healthy dog, and placing in contact with its brain cerebral tissues from a rabid animal, not only is the disease communicated with certainty but the incubative period is reduced to a few days in every case. The disease may manifest itself in either of its two habitual forms—the ordinary form or dumb madness.—London Lancet, June 11, 1881.

M. Ferrand (Le Prog. Med.) reports a case where in consequence of the retention of urine and the rapidly ensuing uremic symptoms, recourse was had to puncture of the bladder, inasmuch as catheterism could not be accomplished. The operation was repeated seven times at intervals of twenty-four hours, without any secondary effects. The cause of the retention could not be determined.

TRAUMATIC RUPTURE OF THE INTESTINE SIMULATING TRAUMATIC RUPTURE OF THE INTESTINE SIMULATING A STRANGULATED HERNIA.—A man was injured by a load of stone falling upon him, striking him across the abdomen. There was immediately acute abdominal pain. He was carried home and placed in bed. On the next day he was attacked with greenish vomitings. A physician who was called to attend him found a left inguinal hernia; this hernia was of ten years' standing but had been well retained by means of a bandage. It had escaped above the bandage at the time of the accident. After ineffectual attempts at reduction. the accident. After ineffectual attempts at reduction, the diagnosis of a strangulated hernia was made, and a purgative of castor oil given. The vomitings still con-tinued on the following day; no gas or feecal matter had been passed. The extremities were cold, pulse weak, been passed. The extremities were cold, pulse weak, vomiting absolutely faced. He was now admitted to the hospital, where taxis was again tried and the reduction of the hernia was easily accomplished. The patient died in the evening. Autopsy: Generalized purulent peritonitis, Pseudo-membranous exudation with agglutination of the intestines. The hernia was found reduced without any trace of strangulation. At the head of the relative was found some lentils almost intact, reduced without any trace of strangulation. At the base of the pelvis, was found some lentils almost intact, with pus and oil (probably the oil given before admission to the hospital), and at the point of the promitory a solution of continuity of the lleum. The opening was the size of a 50 centimes piece; it was round and seated upon the side of the insertion of the mesentery and about 1.79 m. from the valve of Bauhin; the edges had already taken on reparative action. No traces of ulceration or cicatrices of previous ulceration could be found upon the rest of the walls of the intestinal tract. Three points are of interest: First, an error of diagnosis, almost are of interest: First, an error of diagnosis, almost inevitable, in consequence of the coexistence of a hernia, with symptoms very closely resembling strangulation; second, traumatic rupture of the intestine, without any trace of contusion (not even ecchymosis) on the abdominal walls; third, the round form, as if punched out, of the intestinal wound, giving rise to the belief that there had been simply a rupture of a thin cicatrix of a former ulceration. (T. M. S.)

NERVE INFLUENCES .- M. Brown Séquard (Le Prog. Med.), in experimenting upon the action exercised by the nervous system in increasing the action of other parts, and which he calls dynamogène (power creating), has found that if one-half of the cord be cut, hyperesthesis he are relation as every have the contractions as the contraction as every have the contraction as the contraction as every have the contraction as every hard the contraction as every hard the contraction as every hard. hypersesthesia has no relation, as some have thought, to a hypernutrition, for it persists even when the vessels going to the cord are ligatured or cut. He has shown by further experiments that hemisection of the brain, bulb or cord, even when the heart has been re-moved, increases the action of the sciatic nerve, as shown by galvanization. Section of the sciatic nerve exaggerates the force of the peripheric extremity, and this dynamogenic effect increases according as we mul-tiply the sections. This is the first order of actions which act from the centre towards the periphery, and on the same side. There exists, also, a second order of analogous influences, exercised inversely by the sciatica, cord, and bulb, upon the encephalic motor centres, but upon the opposite side. (T. M. S.)

PATHOGNOMONIC SIGN OF FRACTURE OF THE NECK of the Femur.—Dr. Bezzi draws attention, in Lo Spall-ansani, to a sign which is pathognomic of fracture of the neck of the femur, but which is not generally known. In examining the space between the trochanter and the crista ilii, it will be found that while, on the sound side, the muscles occupying this region (tensor vagine fear-oris and gluteus medius) are tense, and offer to the hand a considerable feeling of resistance, they present on the affected side, a deep, well-marked depression, a flaccidi-ty, and diminution of tension, from displacement upward of their points of insertion.—Buffalo Med. and Surg.

RAPID DILATATION OF THE URETHRAL CANAL IN PEMALES.—In a discussion on this subject (Le Prop. Med.) M. Simonton stated that he had practiced rapid dilatation by means of an anal speculum, dilating the parts to about 24 mm. There were no evil consequences dilatation by means of an anal speculum, dilating the parts to about 24 mm. There were no evil consequences following this procedure except in one case, where a most severe attack of cystitis was set up. This occurred in a case where several calculi had been removed by means of a large forceps.

M. Marc Sée had practiced dilatation by means of graduated sounds. When these are of small calibre it is not a difficult matter; but the introduction of the larger instruments is more difficult and sometimes compels the

tearing of the meatus. It was of great service in chronic with tenesmus.

M. Terrillon had used rapid dilatation of the urethra for a cystitis, with intolerable pain, occurring in a patient suffering from cancer of the urethra, which had extended also to the base of the bladder. Considerable relief followed the operation.

M. Cruveilhier, by means of the dilatation of the urc-thral canal, had been able to operate with ease upon a vesico-vaginal fistula. (T. M. S.)

MOTOR CENTRES.—M. Couty (Le Prog. Med.) opposes the theory of cerebral localizations, in consequence of the results obtained by the apparatus of Dubois Raymond. In the monkey the movements of the upper limbs are produced sometimes by the frontal convolutions, and sometimes by the parietal. If we take a limited point, notably the superior third of the frontal convolutions are the capital to the football convolutions. volution, the application of the current produces, at a given moment, the movements of the upper limb, and, half an hour later, the action of the same current upon the same point does not give any result. Upon a similar spot on the cortex, different results are produced according to the intensity of the current, viz. : single or multiing to the intensity of the current, viz.: single or multi-ple contractions or a generalized agitation, simulating epileptiform convulsions, which, however, are never followed by muscular paralysis and coma. The conclu-sions are: that there is no necessary sequence between the location of the point excited and the resultant move-ment; no uniformity between the excitation of a cere-bral region and the appearance of simple or generalized movements. (T. M. S.)

ETHER vs. CHLOROFORM.—Dr Taylor, in New York Med. Record, says: "I believe that the trouble in producing aniesthesia with ether, complained of by surgeons, is due to the fact that they are afraid to adminisgeons, is due to the fact that they are afraid to administer it undituted with air. I always use Lente's improved inhaler—an impervious brass nose-piece with rubber stuffing on the edge to make it air-tight. I have always given ether undituted, with the exception of a few inhalations at first to accustom the air-passages to the vapor. Given in this way, I believe it is perfectly safe and efficient. The fearful mortality of chloroform speaks for itself, and it would be needless for me to discuss the question. Why use an amesthetic that is dangerous at all, when ether is as safe as anything of the kind can be, solely for the purpose of saving a few minutes' time? Chloroform is tricky and uncertain. Ether can only kill, in my opinion, by stopping the respiration, which can in my opinion, by stopping the respiration, which can be easily watched and the administration controlled to suit any emergency. The few deaths recorded against ether represent so small a percentage as to be almost infinitesimal, while you cannot read a journal without noting one or more deaths from chloroform.

LACERATED PERINEUM.-Mrs. B., M.D., has prac-LACKRATED PERINEUM.—Mrs. B., M.D., has practised sixteen years and never yet had a case of lacerated perineum. "Why? Because I use sweet oil freely—hot, if possible. To prevent laceration of cervix use a tampon of cotton saturated in warm lard or oil mixed with three drops of Bell. tincture. It is easily applied and will rapidly relieve all tension."—U. S. Med. Invest., Eds. 1881 Homosopathy at the Antipodes.—The following surprising particulars are taken from the Monthly Hom. Review for February. Adelaide, the seaport and capital of South Australia, is a pleasant town of some 30,000 inhabitants. It possesses a general hospital with 350 beds and a children's hospital which is also a training institution for nurses, containing 50 beds. The general hospital is entirely in the hands of allopaths, although the Hon. Dr. Allan Campbell, a homeopath, is on the Board of management and works in that capacity in perfect accord with half a dozen allopathic confreres. That gentleman (who is described as "at once a busy practitioner, a member of Parliament, medical officer to one hospital, on the board of another, a director of half a dozen companies, and a success generally"), may be said to be the father of the children's hospital. The constitution of this hospital differs, it seems, "from any in the British dominions"—or, we may add, in any other dominion under the sun. In accordance therewith, its medical officers are elected by the subscribers, "irrespective of their views of any particular system of medicine." At present, three are homeopaths and three are allopaths, their patients being mixed up and down in the four wards, and the members of the staff consulting with one another, inside and outside the hospital. "Certainly, a great achievement, revealing unsuspected possibilities of professional forbearance, and doing infinite credit to the wise foresight and large heartedness of Dr. Campbell."

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A leading feature in the conducting of this institution is the training of nurses and the courses of lectures delivered to the probationers and others interested in the work by members of the staff. Dr. Campbell gave the introductory lecture of the course, and was followed by one of the allopathic members.

We echo the British editor's hope that the state of things here depicted may prove permanent, and that our South Australian colleagues may go on to still greater achievements. In this part of the world, if the lion ever lies down with the lamb, we fear the innocent creature will be inside of him.

THE TURKISH PIPE IN PHTHISIS.—Phthisis is uncommon in mountainous countries, among those inhabitants who live much out of doors. They are broad and deep-chested Now, have we any means of inflating the lungs and giving phthisical patients the advantages which pertain to a mountainous country? I think we have in the Turkish pipe, which is used all over Turkey, and particularly in Syria, Egypt and Asia Minor. They smoke their tobacco by having it pass through water and a long fexible tube which varies in length from six to twelve feet. They have to exhaust quite a quantity of air from the tube in order to get the smoke. A very full inspiration has to be taken in doing that, and the result is that the whole chest is filled with air. It is a very pleasant way of smoking, and I have no question at all but what it would cure many cases of incipient phthisis. The amount of inspiratory power that some of these Arabs acquire from the use of these pipes is surprising. A certain Scotchman's family all died of phthisis, his father and other members of the family, and he was the only one left. He himself had a phthisical aspect. He went to Mount Lebanon on that account, and lived there for a number of years. He is still living, being almost 80 years of age. He puffed habitually at one of these pipes for a number of years, and became able to take a much longer breath than he possibly could under any ordinary circumstances.—Proof. W. H. Thompson, reported in Maryland Med. Jour., Mch. 15, 1881.

Kerosene for Warts.—It is said that common kerosene placed on warts will remove them in a couple of weeks. It should be applied twice a day, and, if the surface of the wart is hard and dry it should be scratched to promote the absorption of the oil. No scars are left after the care.

ABDOMINAL EXAMINATION IN PREGNANCY.—The elaborate system adopted by German obstetricians for abdominal examination during pregnancy and labor is described at length by Dr. A. S. Adler. This process is divided into inspection, percussion, auscultation, palption and mensuration, and its advantages may be summed up as follows: Internal examinations do not reveal the position of the child during the months of gestation, because the os uteri may be closed and the presenting parts are not within reach for digital examination, and even during the first stage of labor, when the os may be dilated, the bag may be so distended, or the presenting part so swollen that it is not possible to form any correct idea as to the true position of the child. But by means of external examination the position may be disclosed as soon as the sixth or even the fifth month, and further, any malgestation may be detected and the fact being known the position of the child may be rectified—for example, by making of a breech or transverse presentation a head presentation simply by external version, which is easily performed. Rupture of the uterus, abdominal pregnancy and tumors may be detected by this method of examination. Uterine fibroid feels hard; on the other hand, the enlarged uterus feels doughy and peculiar. The act of palpation occasionally produces slight contractions of the uterus, which is a valuable sign that the body is the uterus and no foreign tumor.—

Pacific Med. and Surg. Journal, Apr., 1881.

THE INFLUENCE OF SMOKING UPON POST-NASAL CATARRH, or chronic pharyngitis, is discussed in a recent brochure by Dr. Turnbull, of Philadelphia. He is of opinion that the sudden withdrawal of tobacco tends in many cases to do as much harm as good. "Dyspepsia and its accompanying train of evils invariably follow the withdrawal of such a salivary stimulant, especially in persons past middle age." Except in the case of young persons, the author has never seen the moderate use of good cigars do any harm. On the contrary, especially in persons of sedentary habits, it has done good. He considers one good cigar, smoked immediately after each meal, and without a holder, provided there be no expectoration caused, and the smoker avoid draughts of air, and sit quietly in or out of doors, as entirely innocuous and usually beneficial. But he invariably advises smokers who must expectorate to give up the habit at once. In cases of tubal or tympanal disease attributable to the use of tobacco, he does not absolutely prohibit smoking, but permits its moderate continuance, under the conditions above referred to.

THE VERY EARLIEST INSTANCE OF ANÆSTHESIA.—When Sir James Simpson proposed the use of Chloroform in confinement cases, the religious zealots in England got up an agitation against it, on the ground of the Scriptural curse, "In sorrow shalt thou bring forth children." Sir James quickly answored this party, which even comprised some doctors, with the Biblical fact that God narcotized Adam (immisit soporem)—"caused a deep sleep to fall upon him," when he created Eve out of his rib. It is to be hoped that the coming revision of the ancient Testament will not spoil so good an argument.

CURE FOR FETID FOOT SWEAT.—The stockings are changed twice daily, and the stocking feet are placed for some hours in a jar containing a saturated solution of boracic acid. They are then dried and are fit for wear again, if it be desired. The boracic acid effectually destroys the smell. But the leather in the bottom of the boot is wet and sodden, and smells as vilely as the stocking. This difficulty is got over by the use of cork soles. Half a dozen of these will be found sufficient. A pair must only be worn one day unchanged; at night they are placed in the boracic acid jar, and are put aside the next day to dry. If these directions be accurately carried out, the evil smell is perfectly destroyed. — Brit. Med. Jour., Sept. 18, 1880.

LOCOM TOR ATAXIA DIFFERENTIATED FROM FUNC-LOOM TOR ATAXIA DIFFERENTIATED FROM FUNCTIONAL CONDITIONS WHICH SIMULATE IT.—In the New York Medical Journal for May, 1881, Dr. A. D. Rockwell, Electro-Therapeutist to the Woman's Hospital, in New York, remarks that the astonishing affirmations concerning the curability of spinal sclerosis that were current in German literature a few years ago are far from being confirmed by later experience. The grouping of symptoms of many of the cases reported in no way indicated grave lesion of the cord, and in some cases were little more than typical illustrations of simple spinal irritation. In other cases of reported cures the symptoms presented were more in accordance with those observed in posterior spinal sclerosis. In these cases of recovery, of which quite a number have occurred in his recovery, of which quite a number have occurred in his own practice, it may be asserted, he thinks, without fear of contradiction, that serious structural changes in the cord did not exist. The distinction might very properly be made that they were cases of ataxia, but not of posterior spinal sclerosis. In consideration of this evident fact, the following interesting and important question is suggested: In cases presenting symptoms commonly supposed to be pathogonomonic of posterior spinal sclerosis, is it possible to differentiate between structural and functional phenomena? For some years it has been usual with him to give an unfavorable prognosis in all cases, but, at the same time, in recognition of the fact that recoveries have occasionally taken place, it seemed justifiable to recommend tentative treatment. If improvement up to a certain point follows and then permanently ceases, it is very tentative treatment. If improvement up to a certain point follows and then permanently ceases, it is very probable that we have a case of locomotor ataxia with spinal sclerosis as the cause. If, however, the case be one of simple ataxia, simulating posterior spinal sclerosis, it becomes evident by progressive improvement up to complete recovery. The author gives condensed notes of fourteen cases, and discusses the diagnostic import of the prominent symptoms. We can not, manifestly, depend, he says, on any one can not, manifestly, depend, he says, on any one symptom, and perhaps not on any single grouping of symptoms. Although it will be observed that inability symptoms. Although it will be observed that inability to touch a given point on the face was characteristic of all the grave cases, and absent in all the curable ones, yet there may be cases involving only the lower part of the cord, in which this symptom does not appear throughout the course of the disease. This limitation, however, he believes to be exceedingly rare. In the second stage of locomotor ataxia, ansesthesia of the tips of the fingers, together with inaccuracy of touch, almost invariably exists, showing disease of the upper portion of the cord. As, therefore, this inability to readily touch a given point on the face by rapid movement is so uniformly observed in exterior spinal sclerosis, and is seldom if ever found in cases sclerosis, and is seldom if ever found in ca simulating the same, it may be regarded as one of the most, if not the most, valuable accessory diagnostic signs. Abolition of the tendon reflex and absence of signs. Abolition of the tendon reflex and absence of the iridal reflex are also most important symptoms, since in curable cases these phenomena are seldom if ever wanting. On the contrary, neither impaired sexual strength nor the sense of abdominal constriction is of much value, because they are so common to other conditions; nor is he inclined to attach great importance to ocular troubles, except in conjunction with more important symptoms. Incoödination of movement is important symptoms. Incoödination of movement is perhaps the only symptom, subsequent to the full developement of the disease, which may not occasionally be absolutely wanting. Unfortunately, however, for its value as a single diagnostic symptom, it is the one symptom through which functional has been so readily mistaken for organic disease. Pains of a fulgurating character generally precede ataxic symptoms, but not always, and for months and even years the patient may be quite free from more than transient and vague pains. In the second stage, however, or after the appearance In the second stage, however, or after the appearance of ataxic symptoms, it is not very difficult to distinguish between structural and functional causes. As regards

the electro-therapeutics of this disease (and, however unsatisfactory it may be, it affords quicker and more permanent relief than other methods), he is led to insist upon thoroughness of treatment. General faradization will accomplish much more than local applications of either current, and in many and perhaps the majority of cases of posterior spinal sclerosis will be followed by more or less alleviation. In the not very infrequent and persistent condition simulating sclerosis it acts rapidly and effective.

THE WEIGHT OF THE BRAIN AND ITS FUNCTIONAL ACTIVITY.—Dr. Ambrose L. Ranney, Adjunct Professor of Anatomy in the Medical Department of the Univerof Anatomy in the Medical Department of the University of the City of New York, contributes to the May number of the New York Medical Journal an article on "Some points of the Anatomy and Physiology of the Brain, and their Practical Bearings," from which the Brain, and their Practical Bearings," from which we extract the following: The shape of the cranium may indicate the relative size of the different parts of the encephalon, and the circumference of the head and the height of the skull above the orifice of the ear may also relatively indicate the measurements of the cerebrum and its basal ganglia (which are inclosed within it). The variations in the skulls of the different nations indicate an amount of brain which is in direct ratio to the facial angle of Camper. The average weight of the brain of a healthy adult of the Caucasian race has been given, by most of the prominent investigators upon this subject, as about fifty ounces in the male, and some six ounces less in the female. In the new-born infant, the weight of the brain in the two sexes is more nearly alike, being about eleven ounces for the male child and ten ounces for the female. The rapidity of growth of the brain is not uniform through out the different periods of life, since it grows rapidly until the age of seven years, then less rapidly until the age of forty is reached, when it attains its full development, and after that age it decreases in weight about one ounce for every period of ten years. The comparative weights of the component parts of the encephalon are, in approximate figures, about one fiftieth of the entire weight for the pons Varolii and the medulla oblongata taken together; one tenth of the entire weight for the cerebellum; and the balance of the total weight for the cerebrum and the basal ganglia inclosed within its substance. These proportions also show a slight variation in the two sexes, but not to so marked an extent as to render this statement far from a correct one. It may be stated, as a rule, that the relative proportion of the cerebrum to that of the cerebellum is portion of the cerebrum to that of the cerebrum is greater in the intellectual races; and that the cerebrum is developed in individuals in proportion to their intellectual power, although the absolute size may not be taken as a guide to the quality of the mind, since it is undoubtedly true that the brain can be improved in quality by exercise, as well as the muscular tissue. quality by exercise, as well as the interesces in the That there are important individual differences in the quality of the generating nervous matter is evidenced by the facts that some small brains actually accomplish more and better work than larger ones, and that many women often show a higher degree of mental acumen than men, in spite of the fact that their brains are lighter.

BORACIC ACID.—This is being much used now as an antiseptic and anti-blenorrhagic. In profuse purulent conjunctivitis, the instillation of a saturated solution will often give brilliant results. It has also been employed in gonorrheea as well as in otitis. The solubility of boracic acid is as follows: In cold water, 19 grains to the ounce; in hot water, 80 grains (only 23 grains remain in solution upon cooling); in hot glycerine three drachms can be dissolved, the whole remaining in solution upon cooling. For use in blenorrheea of the conjunctiva, the solution in water is strong enough.—St. Louis Clin. Record. Feb., 1881.

GOTTROUS APPECTIONS OF FEMALES. - Dr. Jenks. of Chicago, in an article in the American Journal of Obetrics on "The Relations of Goitre to Pregnancy, and the Derangement of the Generative Organs of Wo arrives at the following conclusions:

1st. There is indisputable evidence that there may be endemic, and occasionally epidemic causes, producing goitre in men as well as women; yet the evidence is equally indisputable, that every form of goitre occurs ong the latter in a much larger proportion than among the former.

2d. The fact has long been established, that in certain occult conditions of women, increased vascularity and enlargement of the thyroid gland may be produce as a consequence of some unusual excitement of the

nerative organs.

3d. Violent parturient efforts may cause the vascular form of goitre, but under the influence of pregnancy there may be gradual enlargement of the thyroid glands lasting for years; while, on the contrary, a goitre produced by one pregnancy is sometimes cured by a subsequent on

4th. There are reasons for believing that, when goitre is produced by any disorder of the generative organs (excepting pregnancy), it is due more commonly to functional than to structural disease.

5th. It is not a consequence of phlegmasise, or malignant disease of the uterus or its annexes, that goitre is developed; on the contrary, the disorders which more commonly cause or precede goitre are flexions, conges-tions, functional diseases of the pelvic organs, or those disorders of menstruction which are of systemic origin.

As many goitrous necks among women are due solely to some derangement of their generative organs, the use of topical applications or remedies, however administered, unless made use of to remedy the cause, will be of no avail, and constitutes irrational and unsci-

7th. In the prognosis of goitre, we should always bear in mind the possible complications when the tumor is of considerable size—prominent among which are compressions of the traches, leading to dyspnes, or even dysphagia, and compression of the recurrent laryngeal nerve, producing harshness of the voice, and sometimes aphonia

When the goitre is not large and is manifestly dependent upon some derangement of menstruction, actional uterine affection, or has suddenly developed in consequence of pregnancy or violent efforts in labor, the prognosis is favorable, although it is not certain that there will be a rapid disappearance of the deformity.

EFFECTS OF SMOKING.—Decaisne (Gaz. Des. Hop., No. 144, 1879.) demonstrated a long time ago that the use of tobacco caused intermissions in the pulse beat of many smokers. In eighty-one confirmed smokers he found smokers. In eighty-one confirmed smokers he found this effect twenty-one times, without any disease of the heart being present. These intermissions disappeared after the smoking was discontinued. Later, he examined young smokers of nine to fifteen years of age, and found the following symptoms—undoubtedly caused by the use of tobacco: palpitations, intermittent pulse and chloro-angemia; besides this the children showed impaired intelligence, became lays, and were disposed to paired intelligence, became lazy, and were disposed to take alcoholic stimulants.—Deutsche Med. Wochenschr, No. 8, 1881.

SCARCELY any fact is better established than that a high condition of health is not the condition which best fits the patient to bear the forced confinement, the impaired digestion, the imperfect assimilation, and the per-verted excretion which follow any serious bodily injury or grave surgical operation. In such patients we have learned to dread surgical fever and active inflammatory complications, leading possibly to septicæmia, and ending, may be, in death.—Dr. Hodgden's Address before Am. Med. Ass'n.

PROPHYLAXIS OF PUERPERAL FEVER.-Dr. R. Brennecke, in a contribution to the Berlin Klin, Wochenschr. sums up a lengthened argument on this subject as follows: The only and efficient protection against the grave forms of puerperal fever is to be sought for in the most rigid disinfection of the hands and instruments and everyright distriction of the hands and instruments and every-thing coming in contact with the parturient woman. All further manipulations, particularly the so-called prophy-lactic irrigations, are altogether superfluous, in case this chief stipulation is followed, and if not, they are dangerous, since they offer the septic poison a new opportunity of coming in contact with the recent lesions of the geni-. . . . I regard them as also superfluous after severe labor requiring operative intervention, for clean hands and instruments, without access of air, can give rise to no succeeding decomposition of the lochia; and they are not required after the expulsion of the degenerated products of conception, since in such cases septic processes are not to be apprehended. But they may be regarded as a therapeutical measure of inestimable value when decomposition of the contents of the utero-vaginal canal occurs either during labor, or the puerperal state; we may rest assured that we shall not empl late if we wait until such a process is actually present, instead of beginning their use for fear of dangers which are merely imaginary and indeed comparatively rare.

Poisoning by Alcohol.—The equivalent for alcoholic beverages for a healthy adult, as stated by Parkes, is as follows: Two fluid ounces of brandy, or five ounces of strong wines (sherries, etc.,) or double the quantity of weak wines (clarets and hocks), or twenty ounces of beer. "If these quantities be increased one-half, one and a half ounces of absolute alcohol will be taken, and the limit of moderation for strong men is reached."
Parkes' Principles of Hygiene, 5th ed., Philadelphia, 1878, p. 298.

Frank Woodbury, however (Phil. Med. Times), Dr found, in an adult of temperate habits, that so small a quantity as one-fourth of an ounce of absolute alcohol gave decided evidence of its presence in the urine; and he says; "I believe Anstie also detected alcohol in the urine after a single glassful of sherry. From personal experiment I have concluded that the standard adopted by recent experimenters of one ounce and a half to two ounces of absolute alcohol is rather above the average amount which can be assimilated by the healthy organism, unless given in frequent and very small doe

THE COUGH OF ARALIA RACEMOSA.—In the April No. of the *Hom. World*, Dr. Burnett, the editor, has an article in which he expresses his thankfulness to Prof. Hale for introducing "my now dear friend Aralia," and his "still greater gratitude to Prof. Samuel Jones for the more intimate scientific acquaintance." "As samples only," Dr. B. gives the particulars of four cases from his own practice, in which this remedy was promptly and completely successful, and then remarks: "It will be seen that Arabia, although a new remedy, is a comparatirely old friend of mine, and I can confidently commend it for early nocturnal cough that occurs either immediately on lying down, or MORE.COMMONLY after a first fore-mid-nightly sleep. \* \* From a fairly extensive experience of Aralia as a cough-remedy, I have formed the conclusion that it is homeopathic to its cough by reason of its time and patient's recumbent position." But it is "no good," Dr. B. believes, in any other variety of cough Dr. B. believes, in any other variety of cough than that above described.

A DESPERATE CASE.—A poor woman in Prischtina, not far from the Servian frontier, was in the pains of labor for three days, but to no purpose. In her perplexity she seized her husband's razor, cut open her abdomen and uterus, and got a neighbor to sew her up again, after the removal of the child! And now, after several months, mother and child are doing well,—Am. Obs., March, 1881.

THE THERMOGRAPH is the name bestowed by Dr. A. Wellington Adams upon an instrument which he claims to have perfected for procuring "a continuous curve denoting the constant febrile condition of a subject," instead of merely registering the morning and evening maximum and minimum of temperature, as is done by the clinical thermometer at present in use. The ingenious and somewhat complicated devices by which this important end is sought to be attained are minutely described with the aid of numerous diagrams, in a paper read by the inventor before the El Paso Co. (Cal.) Med. Society. From this it appears that the thermograph consists essentially of two parts: a thermometer proper, or responding portion, and a thermo-electric apparatus, of great delicacy and precision, for recording such variations as the former may be subjected to. The whole contrivance, including the battery (the heat for operating which may be supplied by either an alcohol lamp or a gas burner), is contained in a cast iron case, which can be placed upon a stand at the head of the patient's bed. In the upper part of the front of this case there is a circular depression for the reception of the thermometer proper when not in use. In order to take an observation, the thermometer is first fastened in the axilla of the patient by means of two elastic bands attached to its handles. Next, two fine and flexible silk-covered wires, long enough to admit of any degree of motion on the part of the patient, are led from the binding parts of the thermometer to those of the recording apparatus. The instrument is now ready for use, and upon starting the battery it will continue in operation for any desired number of days, with little or no attention beyond winding and replenishing with new rolls of paper.

number of days, with little or no attention beyond winding and replenishing with new rolls of paper.

The first benefit to be derived from its use in a case of disease "consists," according to the inventor, "in the ability to determine upon a diagnosis much earlier than would ordinarily be possible; second, the physician is furnished with a permanent record of the condition of his patient from hour to hour and day to day; third, the slightest modification or variation by reason of an exposure, the exhibition of prescribed remedies at given hours, or the ingestion of prescribed food during the day, will be revealed to the physician when he makes his evening visit, thus affording him, from time to time, a more definite idea of the effect, good or bad, of his treatment; fourth, it will give warning of danger from collapse during the crisis before it could be detected in any other way; fifth, the physician is provided with a means of leaving more definite directions with the attendant or nurse; e. g.: he will be able to say that, 'should the curve assume such or such a character, or the line rise to this or that point, you may discontinue this, that, or the other remedy, and proceed to exhibit this, according to the directions; or, should such and such a thing take place, it will indicate an emergency calling for this, that, or the other measure." The science of meteorology also will, it is claimed, find in the thermograph an instrument it has long felt the need of. "Never before has there been invented an instrument temperature of the atmosphere." The simplicity and inexpensiveness (it will cost about \$50) of the thermograph places it within the reach of almost every physician, and with its introduction Dr. Adams predicts "the dawn of a new era in medicine, marked by progress equal to that accompanying the introduction of the sphygmograph, myograph, cardiograph, and other important instruments of a similar character."—Chicago Med. Jour. & Ezam., Apr., 1881.

FRICTION IN INSOMNIA.—The South. Med. Record recommends "a very simple method, which infallibly procures" repose for nervous persons subject to sleeplessness. This is the rubbing of the body, for some minutes before retring, either with a piece of coarse woollen cloth, or, if preferred, with a friction brush.—Ohio Med. Recorder, April, 1881.

Nobert's Lines.—The decease is announced of F. A. Nobert, the eminent optical physicist of Borth, Pomerania, whose rulings of exceedingly fine lines on glass by a diamond have been famous the world over. To give the nearest approach to an idea of the exceeding fineness of Nobert's finest lines, we will state that an Englishman, whose name we forget, engraved on a glass with a diamond the Lord's Prayer, in so small a space that if the whole Bible, Old and New Testaments, were engraved in a like degree of fineness, they would be contained in considerably less than a square inch. This engraving can easily be read with a common quarterinch microscopic lens of 75° angle of aperture, while Nobert's lines require, in order to be rendered visible, the finest lens, from a quarter to one-tenth inch in magnifying power, of 175° to 180° angle of aperture, with all the modern appliances for managing light. It is beyond the power of the human mind to comprehend the fineness of the lines.—*Oin. Med. News*, April, 1881.

Intra-Cranial Tumor—Its Chief Symptoms.—Dr. B. Bramwell (Edinburg Med. Jour.) gives the symptoms of intra-cranial tumor thus: Optic neuritis and optic atrophy; headache, vomiting, giddiness; alterations in the motor nerve supply of muscles (spasms and paralysis); alterations in the sensory nerve supply to the face, limbs, or trunk; psychical disturbances, or alterations in the mental state; phosphaturia—a symptom common to this and many other nervous affections; a voracious appetite. Drs. Dawson and Bevan Lewis say that this symptom often occurs early in the course of the disease.—Ohio Med. Recorder, April, 1881.

Varieties of Tipsiness.—Dr. Shorthouse, in the Brit. Med. Journal, says that, according to his observation, intoxication from wine or malt liquor is likely to cause its subject to fall on his side; whisky brings him down on his face; while cider or perry invariably lays him on the back. He supposes that the different drinks act on various organs of the cerebro-spinal system. A contemporary suggests that, according to this theory, a carefully adjusted mixture of beverages might be devised which would have the effect of exactly balancing the imbiber.—Chicago Med. Times, March, 1881.

ANTIDOTE FOR CARBOLIC ACID.—Sulphuric acid in moderate doses is recommended by Dr. Staufieben, of Russia, as an antidote for Carbolic acid. The two acids are said to combine, and to form a non-poisonous compound. According to the Medical Herald, of Louisville, Ky., it is to be given in simple syrup and the syrup of Gum arabic. Success depends upon its early administration.—Southern Med. Record, April 20, 1881.

BENZOATE OF SODA.—Dr. Guttman's theory of treating phthisis with inhalations of this drug, on the ground that tuberculosis is a contagious disease of a parasitic nature, occasioned by microscopic organisms, which can only be cured by agents which destroy the organisms, has been ably discussed by the Medical Society in Berlin, and shown to be unsound. Investigations do not confirm the parasitic theory of phthisis.

Felons (Ammonia.)—J. P. Siddall, M.D., Indianapolis, Ind., says: I have been using for the last twenty-five years a remedy which I have never known to fail to arrest the disease and process. It is a far and and cater, equal parts. Apply a bandage and keep it wet with the mixture.—Clinical Review, Apr. 15, 1881.

In the prevailing summer diarrhoas and cholera infantum, the intelligent physician will not forget that in lactopeptine and the essence of pepsine he has an agent which will often save his patient, administered with care, when the system is weak or for the time being extremely low. Anointing in Cases of Infantile Disorders.—Dr. Knaggs has been testing, with uniformly successful results, the value of a very simple method of treating such infantile complaints as atrophy, bronchitis, convulsions, diarrhœa, febrile disturbances generally, and indeed all disorders of childhood which are accompanied by an unnatural state of the skin. The treatment simply consists in smearing with salad oil the whole surface of the body, from the crown of the head to the tips of the fingers and toes, the process being repeated every 12, 6, or even 4 hours, according to the urgency of the case. The formidable affections above mentioned will frequently yield to this treatment, or, at any rate, show signs of abatement, in from 20 minutes to 24 hours; but sometimes 48, or even 72 hours will elapse before any decided signs of improvement occur. — Hom. World, April 1, 1881.

EXPERIMENT WITH PAPAINE.—In the German journal, Nature, Mr. Fred. Daffenbach relates the following: Two grammes of Papaine (sap of Carica papaya) were dissolved in 200 cubic centimetres of water. In this fluid a living toad weighing 50 grammes was placed and left to herself. In two hours time it was noticed that the liquid affected the poor animal, its epidermis becoming gradually dissolved. Six hours later the muscles became affected, the posterior part of the body was gradually dissolved, and the animal's movements were very weak. Five hours later a few red filaments, floating about in the reddish liquid, indicated the outlines of the body. Next morning the red opalescent fluid gave no indications that the body of an amphibia, belonging to the order Batrachia, had ever been in it. The toad was completely dissolved.

TREATMENT OF WOUNDS BY IMMERSION.—A car caught the arm of a laborer between its wheel and the track, causing a double compound fracture of both bones of the left fore-arm. At both ends of the fracture the bones were uncovered. It was two or three days before dressings were applied. A tin receptacle was made which allowed the fore-arm to lie on the bottom, and the arm was covered with a solution of Boracic acid. The arm had become alarmingly swollen, and the temperature of the fluid was so much increased that it was necessary to keep ice in the fluid for some days. This was the whole treatment. Not a tablespoonful of pus escaped from the wounds. The arm, though a little deformed, was as useful as before the injury. The solution was renewed about every three days at first, and then at longer intervals. (C. B. Hutchins, in Western Lancet.)

MUSCARINE AS A RENEDY FOR NIGHT SWEATS.—Dr. W. Murrell, New Remedies, has treated 26 cases of night sweating with a one per cent. solution of a liquid extract of Agaricus muscarius, of the consistence of molasses. Sixteen of the cases were in males, the remainder in females of ages ranging from 46 to 10 years. Five minims of the above solution was the smallest reliable dose; this was taken in water, three times daily, or in the evening an hour before going to bed. Improvement was usually apparent on the second or third night, and perspiration usually ceased by the end of a week. Benefit followed its use in every case.

PILOCARPINE IN DIPHTHERIA.—The German medical press propose this remedy as an effectual cure in diphtheria because it has the power of increasing the flow of the buccal secretions, and will thereby, they think, undermine and wash out the membranes. We presume there will be a run on the druggists for this powerful drug, until it is found by painful experience that its depressing effect will, in nine cases out of ten, more than counterbalance any removal of membrane which it might produce.

DYSENTERY.—Dr. O. T. Schultz, Mt. Vernon, Ind., according to the Louisville Med. Herald, claims that Corrosive sublimate, in \( \frac{1}{163}, \) \( \frac{1}{15} \) gr. doses every one or two hours, almost holds the position of a specific to dysentery. In 112 cases of severe dysentery treated with Corrosive sublimate, Dr. S. lost but one, and that a case which came into his hands after two weeks of combined Opium and laxative treatment. The auxiliary treatment included small doses of tr. Colocynth, to correct pain.—Southern Clinic, March. 1881. [Does the Dr., like some of his more distinguished brethren, simply "convey" his "specifics" from the armamentarium of the despised system, or does he practice homeopathy, as Mons. Jourdain talked prose, without knowing it?]

SMALL-POX.—A correspondent of a Liverpool paper, some time ago, asserted that the worst case of small-pox can be cured in three days, simply by the use of cream of tartar. An ounce of this is to be dissolved in a pint of water, which is to be drunk cold, at intervals. It is affirmed that it is a certain remedy, that it has cured thousands, never leaves a mark, never causes blindness, and avoids tedious delaying. Very remarkable, if reliable, and certainly deserving of a trial.

James Moffitt, M.D., in a contribution to the Medical Brief, recommends the use of the warm bath in tedious labors. He gives several cases from his own practice in which this simple expedient was attended with surprising success. Besides expediating matters, it prevents the cutting and lancinating pain, so that women will think the pains are going off, while all the time the labor is progressing rapidly.

MEDICAL CANNIBALISM.—The last resort (among the Chinese) in serious cases of sickness, is that of administering fresh warm human flesh to a dying person, and it is said there are many monuments in China erected to the memory of women who have allowed themselves to be butchered for others, with no beneficial results.—Chicago Med. Jour. and Exam., May, 1881.

RAPID BREATHING AS AN ANAESTHETIC IN LABOR,— Dr. Addinel Hewson, Sr, reports several cases in which he has successfully resorted to anæsthesia in labor to secure relief from suffering. He recommends that the rapid breathing be kept up for five or even seven minutes, the patient breathing as fast as possible.—Col. and Chin. Record.

THE SUGAR OF MILK.—In Dr. Talmy's new work published in Paris, he prescribes for the diarrhea of hot countries, from 20 to 200 grammes of sugar of milk daily, dissolved in a little water or milk. The treatment is spread over several months, diminishing the dose as the nutrition becomes more considerable and easy.

THE COUNTY HOSPITAL at Denver, Col., has been placed in the charge of homosopathic physicians, so the Great West says, "at a saving of \$2,600 per year, and a corresponding saving of life and suffering."—Clinique, Apr., 15, 1881.

INSANITY.—During the six months preceding June 1st 587 insane persons have been sent to asylums from the city of New York. Of these 310 were women and 217 men.

There were over a dozen applicants at the U. S. Marine Hospital recently in Washington. All failed to pass. Another examination will be held in the fall.

CORNS.—Alcohol is said to be the best application, and enables rapid and bloodless removal.

ALEXIS ST. MARTIN, the bearer of the gastric fistula,

WE are indebted to Dr. J. C. Burgher, Secretary of the American Institute of Homeopathy, for a handsome engrossment of the resolutions adopted at the recent meeting, in appreciation of our "daily" report of its proceedings. Nothing gives us greater satisfaction than that our efforts were acceptable. We shall continue to strive in behalf of the general profession, and shall cordially welcome all earnest workers who may incline to join up. to join us.

A WESTERN CONTEMPORARY takes exception to the means employed by Prof. F. D. Weisse of this city in his efforts to complete the diagnosis in the case of the

wounded President.

The strictures regarding Dr. Weisse, as well as various other commentaries of late upon sundry medical men, savor more of bitter persecution than of healthy journal-istic sentiment. We very much admire independent criticism when founded upon truthful, reliable data, but descending below this point it becomes beneath contempt !

- J. MILNER FOTHERGILL considers the main difficulty of diagnosis of fatty heart to reside in its differentiation from what he calls "Heart Starvation" the symptoms of which are very similar and may lack only the evidence of atheroma of the arteries, and the presence of fatty degeneration elsewhere, as in the cornea. Dietetic treatment will frequently cause the alarming symptoms to disappear in cases of heart starvation which generally results from over-work, brain fag and lack of food.— The Practitioner.
- A. F. A. King, in Am. Journal of Obstetrics, gives as the symptoms of short or coiled funis: A peculiar pain at insertion of placenta; a partial arrest of uterine contractions; retardation of fread descent and retraction during the intervals of the pains; hemorrhage before the test of the ability industries of the contractions. birth of the child; indentation of uterine wall and what he considers as a most important symptom—a persistent desire to sit up His treatment is simply to deliver, with the woman in a sitting posture.

WHILE we appreciate the compliment paid by con-While we appreciate the compliment paid by con-temporaries, in copying from our pages, we have to sug-gest that it would be more honorable to give that credit which is justly due. We regret that the editors of a journal which now lies before us, do not apply such views of "literary piracy" to their own columns as are advocated respecting others. The journal in question owes us an apology and a correction.

DR. JOHN C. MORGAN, of Phila., Chairman of the DR. JOHN C. MORGAN, of Phila., Chairman of the Committee on Legislation of the American Institute, has issued a series of circulars, which should be in the hands of each member of "Our School" at an early period, and any who have not aiready received a copy, should apply at once and respond to the enquiries. The work laid out by the committee is a very broad one, and will add largely to the historical part of our progress.

C. LITZMAN, in a review of forty-five cases of extra-uterine pregnancy operated upon by gastrotomy, comes to the conclusion that, baring rupture, operation should not be resorted to until several weeks after the death of the child, in order to allow of the complete thrombosis of the vessels of the placental attachment and thus securely prevent hemorrhage.—Archiv fur Gynakologie.

THE seeming discrepancy in our report of the chair-manship of the Bureau of Pædology, in the American Institute of Homosopathy, was occasioned by the resig-nation of Dr. Hills, who was appointed chairman, but resigned on account of physical inability to serve.

Dr. A. P. Williamson, Chief-of-Staff, reports 655 patients treated during June at the Homeopathic Hospital, W. I., with 3.96 per cent. death rate.

A STEP IN THE RIGHT DIRECTION.-Princeton College is to have a post graduate course in biology. The desired object is to foster a spirit of original research, and to qualify advanced students to become teachers. The lectures will be given by some of the most able and practical men in the country, and the course is open to graduates of colleges and medical schools. Other students may attend the lectures and laboratory work, but will not be eligible to a degree.

WILLIAMSPORT, Pa., is to have a hospital, and our friend Dr. W. C. Doane of that place urges, in an article to the local press, the justice of the recognition of the different "Schools" in the composition of its Medical Board. We have no idea that the proposition will be heeded yet, but the time is coming when it will.

ALTHOUGH Capt. Williams failed to clean our streets in the usual acceptation of that term, he has rid them for the present of an animal parasite which has infected them at night, and the public is spared the disgusting sight of the street-walking lewd woman in search of

THE Thirty-first annual meeting of the Homocopathic Medical Society of Northern New York will be held at Saratoga Springs, on Tuesday, August 9th, 1881. The sessions will be held at the Town Hall, beginning in the forencon at 10 o'clock, and in the afternoon at half-past two o'clock.

THE CENTRAL HOMEOPATHIC ASSOCIATION of Iowa held its third annual session at Cedar Rapids, July 13, 1880; and, after the reading of several interesting papers, Dr. G. E. Cogswell was elected President, Dr. P. Moor V. President, and Dr. E. V. N. Hall Secretary.

A LEIPSIC newspaper has recently been fined 100 marks and costs, for printing a lecture before a Berlin society, in which Homocopathy was denounced as quackery and swindling.

THE NEW YORK OPHTHALMIC HOSPITAL.-Reports for June. Number of prescriptions, 3,661; new patients, 569; resident, 10; average daily attendance, 141; largest, 181.

THE Fifth Annual Session of the Missouri Institute of Homosopathy will be held at Sweet Springs, Mo., August 3d and 4th. A large and interesting meeting is

WE regret to learn of the sudden death of the wife of our esteemed colleague, Surgeon-General Wm. H. Watson, at Utica. Our most heart-felt condolence is extended.

THE Homosopathic Medical Society of the State of New York, will hold its semi-annual meeting at Watkin's Glen, Sept. 6th and 7th next.

A NON-MEDICAL lady friend of ours facetiously suggests that "nasal diphtheria is a species of sewerage gastric fever of the smeller,"

THE seventeenth annual meeting of the Hom. Med. Society of Pa. will be held at West Chester, Sept, 20th, 21st, and 22d prox.

THE Penna. Legislature has appropriated \$50,000 toward the fund of the new Homocopathic Hospital in Pittsburgh.

NO APPEARANCE of yellow fever in the United States